SECTION 3
MEDICAL FEE MAIN MENU

Overview

Following is a brief description of each option contained in the Medical Fee Main Menu.

BATCH MAIN MENU

ACTIVE BATCH LISTING BY STATUS - prints active batches for one, many, or all batch statuses. The output is sorted alphabetically by batch status, and excludes all batches with a status of VOUCHERED.

BATCH DELETE - allows the user who opened a batch, or any user who holds the FBAASUPERVISOR security key, to delete a batch from the system.

BATCH STATUS FOR A RANGE OF BATCHES - allows you to enter a range of batches and list the current status, obligation number, and Fee Program.

CLOSE OUT BATCH - closes a Fee Basis batch. Once a batch is closed, no further payments may be added to it, and travel dollars and payment line count are tabulated.

DISPLAY OPEN BATCHES - allows you to display a list of all Fee Basis batches which have an OPEN status.

EDIT BATCH DATA - allows you to edit DATE BATCH OPENED and OBLIGATION NUMBER.

LIST ITEMS IN BATCH - used to view all payment records in the selected batch.

OPEN A BATCH - used to create and open a new Fee Basis batch.

RE-OPEN BATCH - used to reopen a Fee Basis batch which was previously closed, and has a batch status of CLOSED. This allows additional payments to be entered into the batch.

RELEASE A BATCH - used to certify that a batch is ready to be released to Austin for payment.

Overview

STATUS OF BATCH - displays all information available for the selected batch. If the batch status is OPEN, the only information available is date opened, clerk who opened, and batch type. If the batch status is CLERK CLOSED, the total dollars and payment line count are also displayed.

ENTER AUTHORIZATION - used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services.

OUTPUTS MAIN MENU

SUSPENSION LETTER PRINT - used to print the suspension letters that are sent to Fee Basis vendors.

INDIVIDUAL SUSPENSION LETTER PRINT - allows printing of suspension letters for an individual patient and/or vendor.

7079 PRINT FOR SELECTED PATIENT - used to print VA Form 10-7079, Request for Outpatient Services, for an individual veteran.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

DISPLAY ID CARD HISTORY FOR PATIENT - shows an ID Card history for a Fee Basis patient, including current ID card number and issue date. It also displays old card numbers, the reason for the change, and which user made the change.

GROUP 7079 PRINT - used to print VA Form 10-7079, Request for Outpatient Services for a specified date range.

INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

OBSOLETE ID CARDS LIST - used to view a list of Fee Basis ID card numbers which have expired or have been deleted.

OUTPATIENT COST REPORT - generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.

Overview

PAYMENT HISTORY DISPLAY - displays eligibility, disabilities, insurance information, authorizations, and medical payment information for a patient.

POTENTIAL COST RECOVERY REPORT - used to identify costs for fee services which may be able to be recovered.

PRINT REJECTED PAYMENT ITEMS - used to view those items which have been rejected for payment by the Central Fee System in Austin and have not yet been re-initiated.

PSA OUTPUT REPORT - used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital, and community nursing home payments for a selected date range.

RBRVS FEE SCHEDULE COST COMPARISON – used to generate a report of the estimated savings or cost from implementation of the Medicare RBRVS fee schedule.

VALID ID CARDS LIST - used to view a list of Fee Basis ID card numbers which are currently in effect and have not expired.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

PAYMENT MENU

C&P/MULTIPLE PATIENT PAYMENT ENTRY - used to enter a Compensation & Pension payment to a vendor.

CALCULATE PAYMENT AMOUNT – used to calculate a fee schedule amount without having to enter a payment.

DELETE PAYMENT ENTRY - used to delete a payment transaction. You must be the user who entered the payment.

EDIT PAYMENT - used to edit data for a previously entered medical fee payment.

ENTER PAYMENT - used to enter or edit a medical payment to a vendor.

Overview

INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

MULTIPLE PAYMENT ENTRY - used to enter identical medical payments for a specific patient and vendor (only the date of service may differ).

RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate items that have been rejected by the Central Fee System and assign them to a new batch.

REIMBURSEMENT PAYMENT ENTRY - used to enter a reimbursement payment to a veteran for medical services when the veteran has paid the vendor directly.

TRAVEL PAYMENT ONLY - used to enter, edit, or delete a travel payment for a Fee Basis patient.

REGISTRATION MENU

AUTHORIZTION DISPLAY - used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

FEE PATIENT INQUIRY - used to display patient demographics and Fee Basis Authorizations.

PRINT REPORT OF CONTACT - generates a hard copy of a Fee Basis Patient Report of Contact in the format of VA FORM 119.

REPORT OF CONTACT - used to record contact between a vendor and the medical center or edit an existing Report of Contact.

SUPERVISOR MAIN MENU

ADD NEW PERSON FOR UNAUTHORIZED CLAIM - allows entry to the NEW PERSON file (#200) when an Unauthorized Claim is submitted by another party (i.e., not the veteran or the vendor) whose name and address need to be entered.

CLERK LOOK-UP FOR AN AUTHORIZATION - allows the holder of the FBAASUPERVISOR security key to look up the last user to enter and/or edit a selected authorization.

DELETE REJECT FLAG - used to delete the reject flag previously entered for selected items in a batch, or for all items in a batch.

Overview

EDIT PHARMACY INVOICE STATUS - used to change the status of a pharmacy invoice.

ENTER/EDIT SUSPENSION LETTERS - used to enter a new suspension letter into the system, or edit an existing letter.

FEE SCHEDULE MAIN MENU

> ADD/EDIT FEE SCHEDULE - used to enter a CPT code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid value in the Outpatient Medical program.

> COMPILE FEE SCHEDULE - compiles the Fee Schedule data based on a specified date range.

> PRINT FEE SCHEDULE - prints a report of the Fee Schedule for a specified fiscal year.

FINALIZE A BATCH - used to reject certain payment items and finalize the batch as correct.

LIST BATCHES PENDING RELEASE - displays batches that have been closed, but not yet finalized, by the supervisor.

MRA MAIN MENU

> VENDOR MRA MAIN MENU

> > UPDATE FMS VENDOR FILE IN AUSTIN - creates a Master Record Adjustment (MRA) transaction which results in the updating of selected vendor demographic data in the FMS VENDOR file in Austin. Use of this option should update the FMS VENDOR file to reflect what is currently in the DHCP system. Information at all other VA Medical Centers using this vendor will also be updated.

> > DELETE VENDOR MRA - used to transmit a delete MRA transaction whenever a vendor becomes inactive, or cancels Fee Basis care.

> > REINSTATE VENDOR MRA - used to reactivate a vendor formerly in DELETE status.

Overview

> MRA'S AWAITING AUSTIN APPROVAL - generates an output of the vendors that have an MRA action pending, and are still Awaiting Austin Approval.
>
> VETERAN MRA MAIN MENU
>
> ADD TYPE VETERAN MRA - creates an Add type Veteran MRA transaction to be sent to the centralized Fee System in Austin, which results in the creation of a new Patient entry in the CENTRAL PATIENT file.
>
> CHANGE TYPE VETERAN MRA - creates a Change type patient MRA to be sent to the centralized Fee System in Austin, which changes the Patient Master Record on that system.
>
> DELETE TYPE VETERAN MRA - creates a delete type patient MRA transaction, which deletes that Patient Master Record in the centralized Fee System in Austin.
>
> REINSTATE TYPE VETERAN MRA - creates a Reinstate type patient MRA transaction, which reinstates a previously deleted patient in the centralized Fee System in Austin.

Use of the following two options changes the VETERAN MASTER file in Austin.

RE-TRANSMIT MRA'S - used to retransmit previously transmitted MRA's for a specific date. Veteran and Vendor MRAs are kept on file until the purge option is used to delete them. This option should be used in instances when, for some reason, Austin did not receive transmissions.

PURGE TRANSMITTED MRAS - used to purge all veteran and vendor MRAs on file in Austin which are PRIOR to the date specified. It should be used only after it is known that Austin has accepted your MRA transmissions. Once this option is run, you will not be able to re-transmit the purged MRAs.

PRICER BATCH RELEASE - used by the supervisor to review payments for contract hospital and mark them for transmission to the Austin Pricer for grouping and price.

Overview

PRINT REJECTED PAYMENT ITEMS - used to print those items which have been rejected for payment by the Central Fee System and have not yet been re-initiated.

QUEUE DATA FOR TRANSMISSION - used by the supervisor to transmit Fee Basis payments and MRA's to Austin via electronic mail. The FBAASUPERVISOR security key is required to access this option.

RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate rejected items and assign them to a new Batch.

RELEASE A BATCH - used to certify that a batch is ready to be released to Austin for payment.

REQUEST INFO FILE ENTER/EDIT - used to enter/edit data in the FEE BASIS UNAUTHORIZED REQUESTED INFORMATION file (# 162.93).

SITE PARAMETER ENTER/EDIT - used to enter/edit the site specific Fee Basis parameters. After one entry you may only edit and not add a second entry.

VOID PAYMENT MAIN MENU

CH DELETE VOID PAYMENT - searches all finalized CH payments that contain a VOID status for a specified patient and vendor. It provides a list of voided payments from which they may choose to cancel the void on one, many, or all.

CH VOID PAYMENT - searches all finalized CH payments that do not contain a VOID status for a specific patient and vendor. It provides a list of payments from which they may choose to void one, many, or all.

CNH DELETE VOID PAYMENT - searches all finalized CNH payments that contain a VOID status for a specific patient and vendor. It provides users with a list of voided payments from which they may choose to cancel the void on one, many, or all.

CNH VOID PAYMENT - searches all finalized CNH payments that do not contain a VOID status for a specific patient and vendor. It provides users with a list of payments from which they may choose to void one, many, or all.

MEDICAL DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the

Overview

> appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement) option.
>
> MEDICAL VOID PAYMENT - allows the Fee Supervisor to void a payment that has already been finalized. It is useful when a check is returned by a vendor. It allows the Fee Supervisor to retain the payment history but flag the payment void(#). The dollars for the payment must be added back into the appropriate obligation using the appropriate IFCAP option.
>
> PHARMACY DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the appropriate IFCAP obligation.
>
> PHARMACY VOID PAYMENT - allows the Fee Supervisor to void a payment to a Pharmacy vendor that has already been Finalized. Using this option, you can void the payment, but retain the payment history. The dollar amount must be added back to the obligation using the appropriate IFCAP option.

TERMINATE ID CARD - used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

VENDOR MENU

> DISPLAY,ENTER,EDIT DEMOGRAPHICS - used to display vendor demographics, enter a new vendor into the system, or edit data on an existing vendor.
>
> FPDS-ONLY VENDOR EDIT – used to edit the FPDS data fields of an existing vendor.
>
> LIST VENDORS WITHOUT FPDS DATA – used to lists vendors that do not have a BUSINESS TYPE (FPDS) entered.
>
> PAYMENT DISPLAY FOR PATIENT - used to view the payment record of a patient with a specific vendor.
>
> PAYMENT LOOK-UP FOR MEDICAL VENDOR - used to view the payment history of a medical vendor for a specified time frame.
>
> PHARMACY VENDOR PAYMENT LOOK-UP - used to view the payment history of a pharmacy vendor for a specified time frame.

Batch Main Menu
  Active Batch Listing by Status

Introduction

The Active Batch Listing by Status option is used to view or print a list of batches according to their current status. You can include one, many, or all of the following statuses.

CLERK CLOSED
SUPERVISOR CLOSED
OPEN
TRANSMITTED
FORWARDED TO PRICER
ASSIGNED PRICE
REVIEWED AFTER PRICER

Example

```
Do you want to print ALL Fee Basis Batch Status':  No//      <RET>

     Select one of the following:

         C          CLERK CLOSED
         S          SUPERVISOR CLOSED
         O          OPEN
         T          TRANSMITTED
         P          FORWARDED TO PRICER
         A          ASSIGNED PRICE
         R          REVIEWED AFTER PRICER

Select STATUS to print:  OPEN
Do you want to select another STATUS:  No//     <RET>

DEVICE: HOME//    FEE BASIS PRINTER     RIGHT MARGIN: 80//   <RET>
```

```
                      STATUS OF BATCHES
                      -----------------

 BATCH #    BATCH TYPE              DATE OPENED        CLERK
================================================================================

STATUS:  OPEN

   16      MEDICAL & STAT PAYMENTS    05/24/93     MARTIN,DENNIS
   24      MEDICAL & STAT PAYMENTS    05/28/93     STELLA,KAREN H
   25      CH/CNH                     05/28/93     MARTIN,DENNIS
   26      HOMETOWN PHARMACY PAYMENTS 05/28/93     MARTIN,DENNIS
   28      MEDICAL & STAT PAYMENTS    05/28/93     MARTIN,DENNIS
   34      CH/CNH                     06/03/93     STELLA,KAREN H
```

Batch Main Menu
Active Batch Listing by Status

Example, cont.

```
35      MEDICAL & STAT PAYMENTS      06/08/93    ALLEN,MARCUS
  36    CH/CNH                       06/09/93    STELLA,KAREN H
Press RETURN to continue or '^' to exit:    <RET>
```

```
                          STATUS OF BATCHES
                          -----------------


 BATCH #    BATCH TYPE              DATE OPENED      CLERK
=============================================================================

   37      MEDICAL & STAT PAYMENTS    06/11/93     STELLA,KAREN H
   39      MEDICAL & STAT PAYMENTS    06/11/93     ALLEN,MARCUS
   42      TRAVEL PAYMENTS            06/24/93     ALLEN,MARCUS
   48      MEDICAL & STAT PAYMENTS    06/25/93     MARTIN,DENNIS
   52      HOMETOWN PHARMACY PAYMENTS 06/25/93     ALLEN,MARCUS
   54      TRAVEL PAYMENTS            06/25/93     STELLA,KAREN H
   55      HOMETOWN PHARMACY PAYMENTS 06/25/93     STELLA,KAREN H
   56      HOMETOWN PHARMACY PAYMENTS 06/25/93     STELLA,KAREN H
   64      MEDICAL & STAT PAYMENTS    07/07/93     ALLEN,MARCUS
   65      CH/CNH                     07/08/93     STELLA,KAREN H
   67      CH/CNH                     07/08/93     STELLA,KAREN H
   73      CH/CNH                     07/30/93     ALLEN,MARCUS
   77      CH/CNH                     08/13/93     MARTIN,DENNIS
```

Batch Main Menu
  Batch Delete

⚷ FBAASUPERVISOR - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "YES"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

Example

```
Select FEE BASIS BATCH NUMBER:    184           C93999


NUMBER: 184                          OBLIGATION NUMBER: C93999
  TYPE: MEDICAL PAYMENTS             DATE OPENED: DEC 14, 1994
  CLERK WHO OPENED: GRAY,MARY ELLEN  STATION NUMBER: 500


  STATUS: OPEN


Sure you want to DELETE this batch? No//    YES

    Batch Deleted.


Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu
Batch Status for a Range of Batches

Introduction

This option is used to generate a Fee Basis Batch List for a range of batch numbers.
If you accept the default of FIRST as the start number, all batches will be included.

Example

```
Select Batch Main Menu Option:    BATCH status for a Range of Batches

ENTER BATCH NUMBER RANGE:
---------------------------
START WITH NUMBER: FIRST//   <RET>
DEVICE:    FEE BASIS PRINTER    RIGHT MARGIN: 80//   <RET>

Sample Output

FEE BASIS BATCH LIST                          MAY  7,1993  16:21    PAGE 1
BATCH    OBLIGATION
NUMBER   NUMBER       FEE PROGRAM                 STATUS
---------------------------------------------------------------------------

1       C90234       MEDICAL & STAT PAYMENTS     OPEN
4       C89211       MEDICAL & STAT PAYMENTS     SUPERVISOR CLOSED
```

Batch Main Menu
Close-out Batch

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR - allows you to close <u>all</u> types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You may close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Medical and Travel batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

Batch Main Menu
Close-out Batch

Example

```
Select FEE BASIS BATCH NUMBER:   39           C33003
Want to review batch? NO//    YES

Patient Name ('*' Reimbursement to Patient   '+' Cancellation Activity)
           ('#' Voided Payment)                      Batch #  Voucher Date
   Vendor Name                              Vendor ID  Invoice #    Date      Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID    CODE   SERVICE PROVIDED
========================================================================


ACKERLEY,DENNIS                        078-46-0348          39
   WELBY,MARCUS MD                             987650000   169         9/29/93
    9/2/93    90040     12.00          12.00            OFFICE/OP VISIT, EST, BRIEF

JONES,JOHN                             666-46-1234          39
    TROY MEDICAL GROUP                         987650000   169         9/20/93
    8/29/93   10080-20   20.00          20.00            DRAINAGE OF PILONIDAL CYST

               Invoice #: 169   Totals: $ 32.00
Do you still want to close Batch? YES//    <RET>


NUMBER: 39                          OBLIGATION NUMBER: C33003
  TYPE: MEDICAL PAYMENTS            DATE OPENED: JUN 11, 1993
  CLERK WHO OPENED: KENDRICK,GAYE G  STATION NUMBER: 500
  TOTAL DOLLARS: 32                 PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JAN 10, 1995


  STATUS: CLERK CLOSED



Batch Closed


Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu
  Display Open Batches

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

```
Batch #  Type    Dt Open   Clerk Who Opened              Obligation #
=========================================================================

25     CH/CNH   05/28/93  MARTIN,MICHAEL                C33003

26     Pharmacy 05/28/93  MARTIN,MICHAEL                C93004

28     Medical  05/28/93  MARTIN,MICHAEL                C33003

33     Medical  06/02/93  STELLA,KAREN H                C33003

34     CH/CNH   06/03/93  STELLA,KAREN H                C33003

35     Medical  06/08/93  STELLA,KAREN H                C33003
```

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Replacement Page - Patch FB*3.5*4 & FB*3.5*9

Batch Main Menu
Edit Batch data

⚷ FBAASUPERVISOR - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You may only edit batches that you opened, unless you hold the FBAASUPERVISOR security key.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

Example

```
Select FEE BASIS BATCH NUMBER:    ??

CHOOSE FROM:
   1        C90234
   4        C89211
   5        C89211
   10        C90234
   11        C90234
   13        C89622
   14        C89211
   15        C89622
   16        C93999
   '^' TO STOP:   ^
Select FEE BASIS BATCH NUMBER:    1          C90234
Obligation Number: C90234//   <RET>
Do you want to change the Obligation Number? No//     Y   YES
Select Obligation Number:    ??

CHOOSE FROM:
   500-C89211  --  1358   Obligated - 1358
           FCP: 020     $ 4800
   500-C89621  --  1358   Ordered and Obligated
           FCP: 999     $ 80000
   500-C89622  --  1358   Obligated - 1358
           FCP: 020     $ 80000
   500-C89699  --  1358   Transaction Complete
           FCP: 020     $ 30000
Select Obligation Number:    C89621  500-C89621  --  1358 Ordered and Obligated
           FCP: 999     $ 80000
NUMBER: 1//   (No Editing)
DATE OPENED: APR 10,1994//   T   (JUN 23, 1994)
```

Batch Main Menu
List Items in Batch

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```
Select FEE BASIS BATCH NUMBER:   4          C89621
DEVICE: HOME//    FEE BASIS PRINTER    RIGHT MARGIN: 80//   <RET>
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
          ('#' Voided Payment)                    Batch #   Voucher Date
  Vendor Name                          Vendor ID   Invoice #    Date     Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID    CODE   SERVICE PROVIDED
========================================================================


PABON,PETER                          067-34-7404          4       6/4/93
   SIRCO,LUCIO,MD                            345345345   38         5/27/90
    5/20/90   10160       45.00      12.11    4   PUNCTURE DRAINAGE OF LESION

             Invoice #: 38   Totals: $ 12.11


Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu
Open a Batch

When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Batch option is used to create a new Medical batch. To enter, edit, or delete payment data in these batches, use the options in the Payment Menu.

The "Select CONTROL POINT:" prompt appears only if you are an authorized user for multiple control points.

WARNING: If you press <RET> or enter an up-arrow <^> in response to the "Select CONTROL POINT:" or "Select Obligation Number:" prompts, the batch will be deleted, and you will return to the menu.

Example

```
Select Batch Main Menu Option:    OPEN a Batch
Want to create a Medical batch? YES//    <RET>

Medical Batch number assigned is: 190


  ARE YOU ADDING '190' AS A NEW FEE BASIS BATCH (THE 78TH)?     Y  (YES)
Select CONTROL POINT:   20   020 FEE
Select Obligation Number:   500-C89211      -- 1358   Obligated - 1358
           FCP: 020     $ 4800
```

Batch Main Menu
  Re-open Batch

⚷ FBAASUPERVISOR - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor <u>cannot</u> be reopened. You may reopen <u>only</u> those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen <u>any</u> batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who <u>reopened</u> it will then be listed as the person who opened the batch.

NOTE: This option does <u>not</u> change the date opened. If you wish, you may change this information by using the Edit Batch data option.

Example

```
Select FEE BASIS BATCH NUMBER:    173           C89621


NUMBER: 173                          OBLIGATION NUMBER: C89621
  TYPE: MEDICAL PAYMENTS             DATE OPENED: NOV  4, 1994
  CLERK WHO OPENED: GRAY,MARY ELLEN  STATION NUMBER: 500
  TOTAL DOLLARS: 876                 PAYMENT LINE COUNT: 8
  STATUS: OPEN

Batch has been Re-opened!


Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu
  Release a Batch

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

Example

```
Select FEE BASIS BATCH NUMBER:    276          C15004


NUMBER: 276                             OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS                DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: HENSLER,BARBARA     STATION NUMBER: 500
  TOTAL DOLLARS: 10                     PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993


  STATUS: CLERK CLOSED


Want line items listed? NO//   y  YES
```

Batch Main Menu
Release a Batch

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
            ('#' Voided Payment)                     Batch #  Voucher Date
   Vendor Name                            Vendor ID  Invoice #     Date     Rec'd.
  SVC DATE    CPT-MOD   CLAIMED      PAID    CODE  SERVICE PROVIDED
============================================================================


MILLER,KERRY                         321-65-4987            276
    SIRCO,JOSEPH                                  111222333   493          6/21/93
    5/22/93   90020        10.00      5.00    4   OFFICE/OP VISIT, NEW, COMPRH


               Invoice #: 493   Totals: $ 5.00

CHABOT,JOHN                          456-43-5678            276
    PUCK,HENRY                                    567895411   495          6/21/93
*   5/1/93    90020         5.00      5.00        OFFICE/OP VISIT, NEW, COMPRH


               Invoice #: 495   Totals: $ 5.00
Do you want to Release Batch as Correct? NO//     y   YES


NUMBER: 276                          OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS             DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: HENSLER,BARBARA  STATION NUMBER: 500
  TOTAL DOLLARS: 10                  PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993    DATE SUPERVISOR CLOSED: JUN 23, 1993
  SUPERVISOR WHO CERTIFIED: GRAY,MARY ELLEN

  STATUS: SUPERVISOR CLOSED


Batch has been Released!
```

Batch Main Menu
  Status of Batch

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

Batch Main Menu
Status of Batch

Example

```
Select Batch Main Menu Option:    STATUS of Batch


Select FEE BASIS BATCH NUMBER:    173          C89621

DEVICE: HOME//    FEE BASIS PRINTER    RIGHT MARGIN: 80//    <RET>


NUMBER: 173                          OBLIGATION NUMBER: C89621
  TYPE: MEDICAL PAYMENTS             DATE OPENED: NOV  4, 1994
  CLERK WHO OPENED: GRAY,MARY ELLEN  STATION NUMBER: 500
  TOTAL DOLLARS: 125                 PAYMENT LINE COUNT: 1


  STATUS: OPEN



Select FEE BASIS BATCH NUMBER:
```

Enter Authorization

The heading on the VA Form 10-7079 has been changed to read, "Department of Veterans Affairs".

The Authorization Number has been added to the 7079 display.

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Authorization option is used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services. Before you can enter a Fee Basis authorization, the selected patient must be registered, and must have an eligibility status of either VERIFIED or PENDING VERIFICATION.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A. Refer to Appendix A to see the prompts and steps involved when adding new insurance data and reporting discrepancies to MCCR.

The PURPOSE OF VISIT CODE and TREATMENT TYPE CODE are required fields. Please refer to M-1, Part I, Chapter 18, for a detailed explanation of valid code entries.

Enter Authorization

Example

```
Select PATIENT NAME:        MOSS,JULIE S.       05-10-57     333399991    MILITARY
RETIREE  MOSS,JULIE S.                          Pt.ID: 333-39-9991
500 AVE OF THE AMERICAS                 DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                     TEL: Not on File
NEW YORK 10003                     CLAIM #: Not on File
                                    COUNTY: NEW YORK


Primary Elig. Code: SC  --  VERIFIED
Other Elig. Code(s): HUMANITARIAN EMERGENCY


  Service-connected: NO
 Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
    Health Insurance: NO
    Insurance Co.     Subscriber ID     Group      Holder  Effective Expires
===============================================================================
    No Insurance Information
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
```

```
Patient Name: MOSS,JULIE S.                       Pt.ID: 333-39-9991


Select FROM DATE:  JUN 1,1993
  FROM DATE:  JUN 1,1993// <RET>
  TO DATE:  DEC 31,1994
  PRIMARY SERVICE FACILITY:   NEW YORK, NY
  PURPOSE OF VISIT CODE:   OPT - SC 50% OR MORE
  PATIENT TYPE CODE:   ?
    CHOOSE FROM:
      00       SURGICAL
      10       MEDICAL
      60       HOME NURSING SERVICE
      85       PSYCHIATRIC-CONTRACT
      86       PSYCHIATRIC
      95       NEUROLOGICAL-CONTRACT
      96       NEUROLOGICAL
  PATIENT TYPE CODE:   85  PSYCHIATRIC-CONTRACT
  TREATMENT TYPE CODE:   I.D. CARD STATUS
  DX LINE 1:  PTSD
  DX LINE 2:  <RET>
  AUTHORIZATION REMARKS:
  1>GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK
EDIT Option:  <RET>
  TYPE OF CARE:  OPT SC
```

Enter Authorization

Example, cont.

```
--------------------------------------------------------------------------------------------------------
                             Department of Veterans Affairs          ID Card Number: 7315264
                          R E Q U E S T   F O R   O U T P A T I E N T   S E R V I C E S
--------------------------------------------------------------------------------------------------------
(1) Veterans Name        |(2) ID Number | Period of Validity
                         |              |
JULIE S. MOSS            |333399991     | FROM: 06/01/93   TO: 12/31/94
-------------------------------------------------------------------------------------------------------
(3) ADDRESS              |DATE OF ISSUE | CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
                         |              |
500 AVE OF THE AMERICAS  | 06/01/93     |  PTSD
(AKA 6TH AVENUE)         |              |
NYC NY 10003             |              |
-------------------------------------------------|
Name and Address of Fee Participant              |
                                                 |
                                                 |
                                                 |
                                                 |
                                                 |
                         |AUTHORIZATION #: 7170335-30
-------------------------------------------------------------------------------------------------------
                                      AUTHORIZATION REMARKS
                                      --------------------
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK

                                        FOR VA USE ONLY
-------------------------------------------------------------------------------------------------------
 (5) STATE CODE | (6) COUNTY CODE | (7) TYPE OF | (8) YEAR OF BIRTH | (9) WAR | (10) PURPOSE |
                |                 |   PATIENT   |                   |         |              |
      36        |     061         |     85      |        57         |    9    |     10       |
-------------------------------------------------------------------------------------------------------
STATION OF JURISDICTION                          |                   | (11) CODE    | (12) SEX
                                                 |                   |              | FEMALE
Veterans Administration                          |                   |              |--------------------------
128 HOLLAND AVE                                  |                   | ID CARD STATUS - 3 | (13) POW
ALBANY NY 12208                                  |                   |              | NO
                                                 ------------------------------------------------------
                                                 | APPROVED BY (Name and Title)                   (KHS)
                                                 |
TELEPHONE: 563-7788 OR 456-7766                  | HOWARD HUGHS
                                                 | CENTER DIRECTOR
-------------------------------------------------------------------------------------------------------
                             Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject
to the following:

   I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief
    explanation. Unless approved by the VA, services are limited in type and extent to those shown.

   II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.
     If a longer time is needed, please request an extension.

   III. REPORTS. Clinical reports are required when an examination only has been requested. Please
     submit reports promptly to the Station Of Jurisdiction.

   IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must
     include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.

   V. FEES. Fees claimed may not exceed those made to the general public for like services.

   VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

   VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction
     for assistance in admitting the veteran to a VA hospital.

   VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.
-------------------------------------------------------------------------------------------------------
 VA Form 10-7079                                                            Date Printed: 06/29/93
```

Outputs Main Menu
  Suspension Letter Print

The output must now be queued to a printer.

New Prompt:
Print Denials only? - allows you to print only denial letters instead of all suspension letters.

Introduction

This option is used to print suspension letters that are sent to Fee Basis vendors to explain why the VA paid only a portion of the amount the vendor billed, and why the unpaid balance was suspended. You may print the letters for one, several, or all Fee Basis Programs, and for a specific letter and suspension code(s).

Example

```
**** Date Range Selection ****
   Beginning DATE :  1/1  (JAN 01, 1994)


   Ending    DATE :  t  (DEC 11, 1994)


Print Denials only? No//   <RET>
Do you want to print letters for ALL Fee Basis programs? No//      <RET>
     Select one of the following:
          I         INPATIENT PAYMENT
          O         OUTPATIENT PAYMENT
          P         PHARMACY PAYMENT
          C         CH NOTIFICATION/DENIAL

Select PROGRAM to print letter for:   ouTPATIENT PAYMENT
Do you want to choose another Program? No//    <RET>
Select FEE BASIS LETTER NAME:   unauth
    1   UNAUTHORIZED DISPOSITION
    2   UNAUTHORIZED REQUEST INFO
CHOOSE 1-2:  1
For All Suspension codes? YES//   <RET>

QUEUE TO PRINT ON
DEVICE: HOME//  A137/10/6/UP [VMB]  TILASER          RIGHT MARGIN: 80//      <RET>

Requested Start Time: NOW//   <RET> (DEC 11, 1994@11:10:06)
REQUEST QUEUED
Task #: 273864
```

Outputs Main Menu
Suspension Letter Print

Example, cont.

```
MARK COOPER                                         December 11, 1994
1 MAIN ST
CLARKSVILLE  NY  12043



Your unauthorized claim has been reviewed.  The following decision has been
made:

PATIENT NAME                    SSN        SVC      CPT-        AMT        AMT
   REASON FOR SUSPENSION                   DATE     MOD      CLAIMED  PAID
=============================================================================

NAUSET,JOHN                  409129012   9/2/94   99243-77    51.00   32.00
Charge exceeds maximum amount payable in accordance with VA policy.


DAVIS,DANIEL                 421761320   5/2/94   90050-76    60.00   50.00
Charge exceeds maximum amount payable in accordance with VA policy.


You have the right to appeal the decision.  You must respond within the
appropriate time frame.



H.P. TYLER
Medical Center Director
```

Outputs Main Menu
Individual Suspension Letter Print

NEW OPTION

Introduction

This option allows printing of suspension letters for an individual patient and/or vendor. You can include one, several or all Fee Basis programs and/or suspension codes. Suspension letters may be entered/edited through the Enter/Edit Suspension Letters option.

This output must be queued to a printer.

Example

```
Select Patient (or RETURN to select all):     <RET>

Select Vendor (or RETURN to select all):     SAMARITAN HOSPITAL

**** Date Range Selection ****
   Beginning DATE :   12/1  (DEC 01, 1994)


   Ending    DATE :   t  (DEC 13, 1994)

Print Denials only? No//   <RET>
Do you want to print letters for ALL Fee Basis programs? No//      <RET>

     Select one of the following:

          I          INPATIENT PAYMENT
          O          OUTPATIENT PAYMENT
          P          PHARMACY PAYMENT
          C          CH NOTIFICATION/DENIAL

Select PROGRAM to print letter for:    ouTPATIENT PAYMENT
Do you want to choose another Program? No//     <RET>
Select FEE BASIS LETTER NAME:   unauthorized disPOSITION
For All Suspension codes? YES//    <RET>

QUEUE TO PRINT ON
DEVICE: HOME//  a138-10/6/UP  FEE BASIS PRINTER   RIGHT MARGIN: 80//     <RET>

Requested Start Time: NOW//   <RET> (DEC 13, 1994@10:20:52)
REQUEST QUEUED
Task #: 33237
```

Outputs Main Menu
Individual Suspension Letter Print

Example, cont.

```
     SAMARITAN HOSPITAL                                December 13, 1994
     31 NOWHERE CIRCLE
     LOWELL  MA  01852-0123



We have carefully reviewed your claim for payment of unauthorized medical
services.  The following decision has been made:

PATIENT NAME                     SSN      SVC      CPT-       AMT        AMT
   REASON FOR SUSPENSION                  DATE     MOD     CLAIMED  PAID
===========================================================================

DENNIS KIRKER                019401234   10/7/94  D0110      83.00   82.00
Charge exceeds maximum amount payable in accordance with VA policy.

JOHN ASTIN                   097143307   11/10/94 10080      90.00   80.00
Medical service/Rx was provided for condition which is not authorized at VA
expense.

RALPH JOHNS                  123121234   11/12/94 10080-20   60.00   50.00
Fees for service previously processed.  If payment not received, notify Fiscal
Service.


If you do not agree with the decision you have the right to appeal.  Your
appeal rights should be attached for your review, if your claim was not
approved.

Should you have any questions regarding this letter, feel free to contact
us at the VA Medical Center. Thank you for your cooperation.



Sincerely,




JOHN J. JONES
Medical Center Director
```
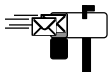
Outputs Main Menu
7079 Print for Selected Patient

The heading on the VA Form 10-7079 has been changed to read, "Department of Veterans Affairs".

The Authorization Number has been added to the 7079 display.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The 7079 Print for Selected Patient option is used to print VA Form 10-7079, Request for Outpatient Services, for a selected veteran. Before you use this option, the authorization must be entered into the system. Refer to the Enter Authorization section of this manual to see how this is done.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Select Patient:  MOSS,JULIE S.        05-10-57     333399991     MILITARY RETIREE

MOSS,JULIE S.                        Pt.ID: 333-39-9991
500 AVE OF THE AMERICAS                DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                    TEL: Not on File
NEW YORK 10003                     CLAIM #: Not on File
                                    COUNTY: NEW YORK
Primary Elig. Code: SC  --  VERIFIED
  Other Elig. Code(s): HUMANITARIAN EMERGENCY


  Service-connected: NO
 Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
```

Outputs Main Menu
7079 Print for Selected Patient

Example, cont.

```
    Health Insurance: YES
    Insurance Co.      Subscriber ID      Group        Holder  Effective Expires
===========================================================================
    AETNA              9487593465         49051456     SELF    1/1/94   12/31/94
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//     <RET>


Fee ID Card #: 7315264                   Fee Card Issue Date: 06/01/93

Patient Name: MOSS,JULIE S.                              Pt.ID: 333-39-9991

AUTHORIZATIONS:
   (1) FR: 06/01/93      VENDOR: Not Specified
       TO: 12/31/94
                         Authorization Type: Outpatient - ID Card
           Purpose of Visit: OPT - SC 50% OR MORE
           DX: PTSD
         County: NEW YORK                 PSA: NEW YORK, NY

           REMARKS:
              GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X
              WEEK
Is this the correct Authorization period (Y/N)? Yes//     <RET>



       This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME//    FEE BASIS PRINTER     RIGHT MARGIN: 132//     <RET>

REQUESTED START TIME: NOW//    <RET>
REQUEST QUEUED!
Task #: 36849
```

Outputs Main Menu
7079 Print for Selected Patient

Example, cont.

```
-----------------------------------------------------------------------------------------------------
                               Department of Veterans Affairs            ID Card Number: 7315264
                          R E Q U E S T   F O R   O U T P A T I E N T   S E R V I C E S
-----------------------------------------------------------------------------------------------------
(1) Veterans Name          |(2) ID Number | Period of Validity
                           |              |
JULIE S. MOSS              |333399991     | FROM: 06/01/93   TO: 12/31/94
-----------------------------------------------------------------------------------------------------
(3) ADDRESS                |DATE OF ISSUE | CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
                           |              |
500 AVE OF THE AMERICAS    | 06/01/93     |  PTSD
(AKA 6TH AVENUE)           |              |
NYC NY 10003               |              |
----------------------------------------------|
Name and Address of Fee Participant           |
                                              |
                                              |
                                              |
                                              |
                                              |AUTHORIZATION #: 7170335-30
-----------------------------------------------------------------------------------------------------
                                    AUTHORIZATION REMARKS
                                    --------------------
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK

                                      FOR VA USE ONLY
-----------------------------------------------------------------------------------------------------
  (5) STATE CODE | (6) COUNTY CODE | (7) TYPE OF | (8) YEAR OF BIRTH | (9) WAR | (10) PURPOSE |
                 |                 |   PATIENT   |                   |         |              |
      36         |      061        |     85      |        57         |    9    |      10      |
-----------------------------------------------------------------------------------------------------
STATION OF JURISDICTION                        |                   | (11) CODE     | (12) SEX
                                               |                   |               |   FEMALE
Veterans Administration                        |                   |               |-------------------------
128 HOLLAND AVE                                |                   | ID CARD STATUS - 3 | (13) POW
ALBANY NY 12208                                |                   |               |   NO
                                               ------------------------------------------------------
                                               | APPROVED BY (Name and Title)              (KHS)
                                               |
                                               | HOWARD HUGHS
TELEPHONE: 563-7788 OR 456-7766                | CENTER DIRECTOR
-----------------------------------------------------------------------------------------------------
                       Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject
to the following:

  I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief
     explanation. Unless approved by the VA, services are limited in type and extent to those shown.

  II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.
     If a longer time is needed, please request an extension.

  III. REPORTS. Clinical reports are required when an examination only has been requested. Please
     submit reports promptly to the Station Of Jurisdiction.

  IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must
     include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.

  V. FEES. Fees claimed may not exceed those made to the general public for like services.

  VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

  VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction
     for assistance in admitting the veteran to a VA hospital.

  VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.
-----------------------------------------------------------------------------------------------------
VA Form 10-7079                                                            Date Printed: 06/29/93
```

Outputs Main Menu
Check Display

NEW OPTION

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```
Select Check Number:  69243230

DEVICE: HOME//  <RET>  VIRTUAL TERMINAL   RIGHT MARGIN: 80//    <RET>


                    PAYMENT HISTORY FOR CHECK # 69243230
                    -----------------------------------          Page: 1

                    FEE PROGRAM:  OUTPATIENT
 ('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
   Svc Date  CPT-    Amount          Amount     Susp  Batch       Invoice
           MOD     Claimed          Paid      Code  Number        Number
=============================================================================

VENDOR:  RODNEY ROGERS, M.D.              VENDOR ID:  324100000A

Patient: ARBY,ROBERT                      Patient ID:  123-12-1234
  4/1/94   10020        5.00           5.00           363         541
      >>>Check # 69243230  Date Paid:  8/29/94<<<


Press RETURN to continue or '^' to exit:
```

Outputs Main Menu
  Display ID Card History for Patient

Introduction

The Display ID Card History for Patient option shows the Fee Basis Identification Card history for an individual patient. A patient may have only one valid Fee ID Card number assigned at a given time.

Example

```
Select Outputs Main Menu Option:    DISPLAY ID Card History for Patient

Select FEE BASIS PATIENT NAME:      ROSEN,ARTHUR    10-2-16    124689432

Patient:  ROSEN,ARTHUR                            SSN:  124-68-9432

      Current ID Card:  79876     Date Issued:  04/03/87

 Date/Time Changed         Old Card #          Person Who Changed
     Reason For Change
========================================================================
04/15/86     3:58 PM        62398               MCGUIRE,MARGARET
 LOST CARD

12/10/86     9:20 AM        65432               MCGUIRE,MARGARET
 DOG CHEWED CARD
```

Outputs Main Menu
Group 7079 Print

Introduction

The Group 7079 Print option is used to print VA Forms 10-7079, Request for Outpatient Services, for a specified date range. Before you use this option, the authorization must be entered into the system (refer to the Enter Authorization section of this manual).

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Print 7079's for:

**** Date Range Selection ****

   Beginning Date :   1-1-94    (JAN 1, 1994)

   Ending    Date :   1-31-94   (JAN 31, 1994)

Want only those that have not yet been printed? YES//      NO

        This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 132//    <RET>

Requested Start Time: NOW//   <RET> (JUL 02, 1994@16:16:50)
REQUEST QUEUED
Task #: 34246
```

Outputs Main Menu
Group 7079 Print

Example, cont.

```
---------------------------------------------------------------------------------------------------
                              Veterans Administration               ID Card Number: 7315264
                    R E Q U E S T   F O R   O U T P A T I E N T   S E R V I C E S
---------------------------------------------------------------------------------------------------
(1) Veterans Name          |(2) ID Number | Period of Validity
                           |              |
JULIE S. MOSS              |333399991     | FROM: 01/31/94   TO: 01/31/94
---------------------------------------------------------------------------------------------------
(3) ADDRESS                |DATE OF ISSUE | CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
                           |              |
500 AVE OF THE AMERICAS    | 06/29/93     | ABDOMINAL MUSCLE DAMAGE
(AKA 6TH AVENUE)           |              |
NYC NY 10003               |              |
-------------------------------------------|
Name and Address of Fee Participant        |
                                           |
                                           |
                                           |
                                           |
                                           |AUTHORIZATION #: 7168862-8
---------------------------------------------------------------------------------------------------
                              AUTHORIZATION REMARKS
                              --------------------
WEEKLY VISITS

                              FOR VA USE ONLY
---------------------------------------------------------------------------------------------------
 (5) STATE CODE | (6) COUNTY CODE | (7) TYPE OF | (8) YEAR OF BIRTH | (9) WAR | (10) PURPOSE |
                |                 | PATIENT     |                   |         |              |
     36         |     061         |    85       |        57         |    9    |     10       |
---------------------------------------------------------------------------------------------------
STATION OF JURISDICTION                    |                      | (11) CODE     | (12) SEX
                                           |                      |               |  FEMALE
Veterans Administration                    |                      |               |-------------------------
128 HOLLAND AVE                            |                      | ID CARD STATUS - 3 | (13) POW
ALBANY NY 12208                            |                      |               |  NO
                                           -----------------------------------------------------------
                                           | APPROVED BY (Name and Title)                      (KHS)
                                           |
TELEPHONE: 563-7788 OR 456-7766            | HOWARD HUGHS
                                           | CENTER DIRECTOR
---------------------------------------------------------------------------------------------------
                    Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject
to the following:

  I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief
     explanation. Unless approved by the VA, services are limited in type and extent to those shown.

  II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.
     If a longer time is needed, please request an extension.

  III. REPORTS. Clinical reports are required when an examination only has been requested. Please
     submit reports promptly to the Station Of Jurisdiction.

  IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must
     include: (1) Patient's Name; (2) Identification NO.; (3) Treatment and Dates Rendered; and (4) Fees.

  V. FEES. Fees claimed may not exceed those made to the general public for like services.

  VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

  VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction
     for assistance in admitting the veteran to a VA hospital.

  VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.
---------------------------------------------------------------------------------------------------
VA Form 10-7079                                                          Date Printed: 06/29/93
```

Outputs Main Menu
Invoice Display

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

Example

```
Select Invoice Number:    45


Invoice Number: 45            Vendor Name: SECOND PATCH TEST
  Date Received: 06/20/90
         ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
SVC DATE CPT-MOD    AMT CLAIMED    AMT PAID    CODE    BATCH NO. VOUCHER DATE
     Other Suspension Description
============================================================================


SMITH,VERN
   6/6/94   11971     $   25.00   $   10.00   1         10

SMITH,VERN
   6/10/94  10120     $   25.00   $   10.00   1         10

SMITH,VERN
   6/15/94  12005     $   25.00   $   10.00   1         10

Select Invoice Number:
```

Outputs Main Menu
Obsolete ID Cards List

Introduction

The Obsolete ID Cards List option is used to view a list of Fee Basis ID Card numbers which have expired or have been deleted. Reasons for deletion may include card lost or destroyed, veteran reestablished, etc. The list is shown in numerical order by ID card number.

Example

```
DEVICE: HOME//   FEE BASIS PRINTER    RIGHT MARGIN: 132//    <RET>

REQUESTED TIME TO RUN JOB: NOW//    <RET>
REQUEST QUEUED!



Old Card Patient Name            Pt.ID             Change Date
 Number
  Reason For Change
========================================================================
34567    LARKIN,DOUGLAS C.        444-45-5555       04/15/94
  RE-ESTABLISH

65666    SYMARD,THOMAS A.         333-22-1111       01/08/94
  CARD DESTROYED IN FIRE

3434343  FRANKLIN,MARILYN         888-12-7777       12/12/94
  DOG CHEWED CARD

5555555  HARPER,JONATHAN          123-45-6789       02/10/94
  LOST CARD

5910392  HOFFMAN,BENJAMIN         412-90-0009       03/31/94
  EXPIRATION
```

Outputs Main Menu
Outpatient Cost Report

Introduction

The Outpatient Cost Report option generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.

Example

```
**** Date Range Selection ****

   Beginning DATE :  070194  (JUL 01, 1994)
   Ending    DATE :  T  (JUL 21, 1994)

DEVICE: HOME//    FEE BASIS PRINTER    RIGHT MARGIN: 80//   <RET>
```

```
                      OUTPATIENT COST REPORT
                      07/01/94 THROUGH 07/21/94
                      ------------------------


                  PATIENT   TREATING
PATIENT NAME        ID      SPECIALTY          CPT CODE         AMOUNT PAID
==============================================================================

BACON,JOSEPH       4877    PSYCHIATRIC      ADDITIONAL CLEANSING      90.00


==============================================================================


TOTAL PAYMENTS:             1      TOTAL PATIENTS:             1
AVE. PAID FOR A PAYMENT:    90.00  AVE. PAID FOR A PATIENT:    90.00
```

Outputs Main Menu
Payment History Display

▲ Version 3.5 Changes:
Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

▲ Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:
'R' - Amount paid equals the RBRVS fee schedule amount.
'F' - Amount paid equals the VA 75th Percentile fee schedule amount.
'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.
'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Payment History Display option is used to view all medical payment data for a selected patient. Payments are listed in inverse date order by service date.

Example

```
Select Fee Patient:   DAY,DENNIS


DAY,DENNIS                          Pt.ID: 409-12-9012
129 BROWNDYKE ROAD                    DOB: JUL 21,1950
COHOES                                TEL: 518-261-8911
NEW YORK 12901                     CLAIM #: Not on File
                                    COUNTY: COLUMBIA


Primary Elig. Code: NSC  --  PENDING VERIFICATION  JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

  Service Connected: NO
 Rated Disabilities: NONE STATED

    Health Insurance: NO
    Insurance Co.     Subscriber ID     Group     Holder  Effective Expires
```

Outputs Main Menu
Payment History Display

Example, cont.

```
================================================================================
   No Insurance Information

Press RETURN to continue or '^' to exit:    <RET>
```

```
Patient Name: DAY,DENNIS                              Pt.ID: 409-12-9012

AUTHORIZATIONS:
   (1) FR: 08/30/94      VENDOR: DOOLY MEDICAL CENTER - 777999098
        TO: 09/17/94
                         Authorization Type: CIVIL HOSPITAL
            Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN
FED. HOSP. AT VA EXP.
            DX:
        County: COLUMBIA              PSA: ALBANY, NY

            REMARKS:
              7078 DEFAULT AUTH SERVIC TEXT



Press RETURN to continue or '^' to exit:    <RET>
```

```
Patient: DAY,DENNIS                       SSN: 409-12-9012
         ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
         (paid symbol: 'R' RBRVS  'F' 75 th percentile  'C' contract 'U' U&C)
  Svc Date CPT-MOD        Amount        Amount    Susp    Batch Invoice Voucher
                          Claimed       Paid      Code    Num     Num    Date
================================================================================
Vendor: DOOLY MEDICAL CENTER    Vendor ID: 777999098          Obl.#: C35001
 +9/5/94    12018          5.00      5.00U             00369     556
     >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
        Check WILL be re-issued.

Vendor: DOOLY MEDICAL CENTER    Vendor ID: 777999098          Obl.#: C35001
 +9/2/94    99243         11.00      2.00C   D         00369     555
     >>>Check # 11887576  Date Paid:  10/20/94<<<
     >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<

Vendor: DOOLY MEDICAL CENTER    Vendor ID: 777999098          Obl.#: C35033
 10/12/94   10020-77      15.00      5.00F   1         00369     555
     >>>Check # 91060810  Date Paid:  11/3/94<<<
Select Fee Patient:
```

Outputs Main Menu
Potential Cost Recovery Report

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example

```
Select Primary Service Facility: ALL//    <RET>

**** Date Range Selection ****

   Beginning DATE :   060194  (JUN 01, 1994)

   Ending    DATE :   T  (JUL 20, 1994)

QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 80//   <RET>

Requested Start Time: NOW//   <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

```
                   POTENTIAL COST RECOVERY REPORT
                      Division: 623 MUSKOGEE, OK
                        06/01/94 - 07/20/94
                                                             Page: 1
Patient: BACON,JOSEPH                  Patient ID: 106-10-4877  DOB: 03/22/14

   ('*' Represents Reimbursement to Patient     '#' Represents Voided Payment)
=============================================================================

   Health Insurance: YES
   Insurance Co.    Subscriber ID    Group       Holder  Effective Expires
   ==========================================================================
   BLUE CROSS BLUE   12345                        SELF    1/1/94    12/31/94

                     FEE PROGRAM: OUTPATIENT

  Svc Date CPT-MOD   Amount        Amount  Susp  Travel  Batch Invoice Voucher
                     Claimed        Paid   Code   Paid   Num     Num    Date
=============================================================================
Vendor: MARCUS WELBY, MG            Vendor ID: 987561234
 04/18/94  11001       99.95       90.00    1            00004   2   07/20/94
   Primary Dx: DICALC PHOS CRYST-H (712.14)  S/C Condition? NO     Obl.#: C89211
     >>> Cost recover from insurance.
```

Outputs Main Menu
Print Rejected Payment Items

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.

Example

```
DEVICE: HOME//  FEE BASIS PRINTER   RIGHT MARGIN: 80//    <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//    Y  (YES)

Requested Start Time: NOW//    <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
          ('#' Voided Payment)                      Batch #   Voucher Date
  Vendor Name                          Vendor ID  Invoice #     Date     Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE   SERVICE PROVIDED
===============================================================================
Batch Number: 341   Voucher Date: 7/27/93    Voucherer: SIRCO,LUCIA

CHABOT,JOHN                         456-43-5678          341
   MARCUS WELBY MD                        456765888    523         7/27/93
    6/1/93    90010       52.00       52.00      OFFICE/OP VISIT, NEW, LTD
       Reject Reason: DUPLICATE PAYMENT
       Old Batch #: 341

Batch Number: 329   Voucher Date: 6/21/93    Voucherer: SIRCO,LUCIA
CHABOT,JOHN                         456-43-5678          329
   BEN CASEY                            567895411   497        6/21/93
    4/5/93    10080-20    75.00       75.00      DRAINAGE OF PILONIDAL CYST
       Reject Reason: WRONG VENDOR
       Old Batch #: 329
```

Outputs Main Menu
PSA Output Report

New Prompt:
Select FEE PROGRAM -allows you to select which fee programs you wish to include.

Introduction

The PSA Output Report option is used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital and community nursing home payments for a selected time frame. This report may be run for one or all PSAs. One, several, or all Fee Programs may also be selected.

This report would be beneficial to a fee site that has not decentralized. The data could be used to bill other facilities for services rendered veterans from their PSAs.

Because this report may be lengthy, it is recommended that you queue it to print after normal hours.

Example

```
Do you want this report for all    PSAs? YES//  NO
PRIMARY SERVICE AREA:  ALBANY, NY      NEW YORK    1               500
Select FEE PROGRAM: ALL//   OUTPATIENT
Select another FEE PROGRAM:   <RET>

**** Date Range Selection ****

   Beginning DATE :   1/1  (JAN 01, 1994)

   Ending    DATE :   T  (DEC 11, 1994)

QUEUE TO PRINT ON
DEVICE: HOME//  A137/10/6/UP [VMB]  TILASER     RIGHT MARGIN: 80//    <RET>

Requested Start Time: NOW//   <RET> (DEC 11, 1994@10:35:26)
REQUEST QUEUED
Task #: 273863
```

Outputs Main Menu
PSA Output Report

Example, cont.

```
                    OUTPATIENT MEDICAL PSA REPORT
                    ------------------------------
Patient Name                        Obligation #   County Code
   Invoice #       Amount Paid      Date Finalized   PSA
============================================================================
AREL,RON -5980                        C35001       MANATEE
   541             50                 8/29/94           ALBANY, NY
----------------------------------------------------------------------------

CHABOT,JOHN -5678                     C35001       RENSSELAER
   518             75                 7/20/94           ALBANY, NY
----------------------------------------------------------------------------

ABBOTT,ANTHONY -9031                  C15003       SCHENECTADY
   510             35                 7/13/94           ALBANY, NY
----------------------------------------------------------------------------

RANDALL,WALTER-0748                   C15003       ALBANY
   508             40                 7/13/94           ALBANY, NY
----------------------------------------------------------------------------

CASEY JOHN   -1857                    C35001       LEON
   504             35                 7/6/94            ALBANY, NY
----------------------------------------------------------------------------

============================================================================
     Total Dollars spent by PSA for the dates of 1/1/94 to 12/11/94.

   PSA                                 TOTAL AMOUNT PAID
   -----                               ------------------
   ALBANY, NY                             $ 235
```

```
          TOTALS DOLLAR AMOUNT BY PSA FOR ALL SELECTED PROGRAMS
          -------------------------------------------------------

For Date Range: 1/1/94 to 12/11/94
============================================================================
   PSA                                 TOTAL AMOUNT
   -----                               ------------------
   ALBANY, NY                             $ 235
```

Outputs Main Menu
RBRVS Fee Schedule Cost Comparison

Patch FB*3.5*4 Changes: New Option.

Introduction

The RBRVS Fee Schedule Cost Comparison option generates a report of the estimated savings or cost from use of the RBRVS Fee Schedule during a user-specified date range. The Date Finalized field is used to select the payments. The results are grouped and reported by CPT CODE-CPT MODIFIER(S) values. Additional detail is printed when the output device supports 130 characters per line. The report columns are described below:

Total Occurrences: The count and total amount paid for all payments.

Payments at RBRVS: The count and total amount paid for payments whose amount paid is equal to the RBRVS fee schedule amount that was calculated during payment entry.

Estimated Payment if RBRVS was not used: This column is only displayed when the output device supports 130 characters per line. It displays what the system believes might have been paid if the RBRVS fee schedule had not been implemented. If the service is covered by the VA 75th Percentile Fee schedule, then the system assumes that payment would have been made at that amount. Otherwise, the system assumes that the amount claimed is usual & customary and would have been paid.

Est. Savings from RBRVS: The estimated payment amounts minus the actual RBRVS payment amounts. Negative values are shown in parenthesis.

Example

```
**** Date Range Selection ****

   Beginning DATE : 6/1/99  (JUN 01, 1999)

   Ending    DATE : T  (JUN 24, 1999)

Include all CPT codes? YES// <RET>

Note: Additional data printed if device supports 130+ characters

DEVICE: HOME//  <RET> UCX/TELNET    Right Margin: 80// <RET>
```

Outputs Main Menu
RBRVS Fee Schedule Cost Comparison

Example, cont.

```
COST/SAVINGS FROM RBRVS FEE SCHEDULE            JUN 24, 1999@13:18:02  page 1
for Payments with Finalized Dates from Jun 01, 1999 to Jun 24, 1999
  and all CPT Codes

CPT CODE-          | Total Occurrences    | Payments at RBRVS   | Est. Savings

  Modifier(s)      | count   $ amount     | count   $ amount    | from RBRVS
-----------------  | ----- -------------  | ----- ------------- | -------------
01922              |   1       300.00     |            0.00     |         0.00
10080-52,79        |   2       109.18     |   2      109.18     |       290.82
44950              |   1       508.33     |   1      508.33     |        91.67
90801              |   1       119.86     |   1      119.86     |         0.00
99211              |   4        61.72     |   4       61.72     |        48.28
99212              |   1        28.81     |   1       28.81     |         1.19
-----------------  | ----- -------------  | ----- ------------- | -------------
REPORT TOTALS      |  10     1,127.90     |   9      827.90     |       431.96
```

Outputs Main Menu
Valid ID Cards List

Introduction

The Valid ID Cards List option is used to view a list of Fee Basis ID Card numbers that are currently valid. A patient may have only one Fee ID Card number assigned to him/her at a given time.

Example

```
DEVICE: HOME//    QUEUE TO PRINT ON
DEVICE: HOME//    FEE BASIS PRINTER      RIGHT MARGIN: 132//    <RET>

REQUESTED TIME TO RUN JOB: NOW//    <RET>
REQUEST QUEUED!


Card No.   Patient Name           Patient SSN          Issue Date
=================================================================

11072      DEMPSEY,PENNY          235-87-6908          07/26/86

11111      BAILEY,ADAM            222-00-9999          02/12/87

12343      BLEAU,ADRIENNE         233-44-4222          08/25/86

45734      BECKER,ROGER           111-90-6789          02/20/87
```

Outputs Main Menu
  Vendor Payments Output

 Version 3.5 Changes:
Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

 Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:
'R' - Amount paid equals the RBRVS fee schedule amount.
'F' - Amount paid equals the VA 75th Percentile fee schedule amount.
'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.
'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Vendor:  SIRCO,LUCIA           123456789  DOCTOR OF MEDIC
         31 TROY AVE
         TROY, NY  03102-9025    TEL. #:  5551212

**** Date Range Selection ****

   Beginning DATE :  8/1/94  (AUG 01, 1994)

   Ending    DATE :  9/30/94  (SEP 30, 1994)

Select FEE Program: ALL//   OUTPATIENT
Select another FEE Program:   <RET>

DEVICE: HOME//  <RET>  Decnet    RIGHT MARGIN: 80//   <RET>
```

Outputs Main Menu
Vendor Payments Output

Example, cont.

```
                     VENDOR PAYMENT HISTORY
                     ========================                    Page: 1
Vendor: SIRCO,LUCIA                         Vendor ID: 123456789
                     FEE PROGRAM: OUTPATIENT
  ('*' Reimb. to Patient   '+' Cancel. Activity   '#' Voided Payment)
  (paid symbol:  'R' RBRVS  'F' 75 th percentile  'C' contract  'U' U&C)
  Svc Date CPT-MOD   Amount       Amount  Susp         Batch Invoice Voucher
                     Claimed      Paid    Code          Num    Num     Date
===============================================================================
Patient: KIRKER,DENNIS                    Patient ID: 019-40-9123
  8/16/94   90040      22.00      22.00U                00148    237 9/16/94
     Primary Dx: PULMONARY ARTERY A (747.3)S/C Condition? YES      Obl.#: C33003

Patient: MOTT,JULIE S.                    Patient ID: 333-39-9991
  9/10/93   90050      25.00      20.00F  1             00088    119
     Primary Dx: RETICULOSARCOMA UN (200.00)S/C Condition? NO      Obl.#: C90234
Select Fee Vendor:
```

Outputs Main Menu
Veteran Payments Output

![lightning] Version 3.5 Changes:
Displays that include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

![lightning] Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:
'R' - Amount paid equals the RBRVS fee schedule amount.
'F' - Amount paid equals the VA 75th Percentile fee schedule amount.
'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.
'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Patient:  SHEA,MICHAEL             06-12-55      606778899    SC
VETERAN

   **** Date Range Selection ****

  Beginning DATE :  080193  (AUG 01, 1993)

  Ending    DATE :  093093  (SEP 30, 1993)

Select FEE Program: ALL//   OUTPATIENT
Select another FEE Program:    <RET>
DEVICE: HOME//  <RET>    RIGHT MARGIN: 80//   <RET>
```

Outputs Main Menu
Veteran Payments Output

Example, cont.

```
                        VETERAN PAYMENT HISTORY
                        =======================                    Page: 1
Patient: SMITH,FRED X                    Patient ID: 330-56-9812
                        FEE PROGRAM: OUTPATIENT
  ('*' Reimb. to Patient   '+' Cancel. Activity   '#' Voided Payment)
  (paid symbol:  'R' RBRVS  'F' 75 th percentile  'C' contract  'U' U&C)
  Svc Date CPT-MOD    Amount       Amount  Susp         Batch Invoice Voucher
                      Claimed      Paid    Code          Num    Num    Date
==============================================================================

Vendor: SIRCO,LUCIA,MD              Vendor ID: 214387509
 *9/6/93   90050      25.00      25.00U                 00048    128
    Primary Dx: ANXIETY STATE NOS (300.00)S/C Condition? NO        Obl.#: C89622
 *8/30/93  90050      30.00      30.00U                 00048    128
    Primary Dx: ANXIETY STATE NOS (300.00)S/C Condition? YES       Obl.#: C89622


Select Fee Patient:
```

Payment Menu
 C&P/Multiple Patient Payment Entry

 Version 3.5 changes: New Prompts

Will any line items in this invoice be for contracted services? -Answering NO
   indicates that all line items within the invoice will NOT be for contracted services.
   Answering YES indicates that some, or all of the line items within the invoice will
   be for contracted services. Answering YES will result in an additional prompt
   appearing at the input of EACH line item.

Is this line item for a contracted service?- Only asked if the user answered YES to
   the above prompt. It allows you to indicate when a line item is for a contracted
   service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level.
   This field is optional.

 Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of
   CPT codes that are inactive on the date of service.

CPT MODIFIER: This existing prompt has been modified to allow more than one
   CPT MODIFIER to be entered for a specific service provided (CPT Code). The
   computer will not allow CPT modifiers to be entered that are inactive on the date
   of service or are inappropriate for the CPT code. The modifiers (if any) will be
   combined with the CPT code to determine fee schedule amounts and to check for
   duplicate payments.

SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the
   location where the service was actually performed should be entered. The vendor's
   address will be used to obtain a default value. The zip code will be used to obtain
   the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be
   asked when the CPT code is for an anesthesia service. The time billed for an
   anesthesia service in minutes should be entered. A bill may specify anesthesia
   units which will need to be converted to minutes. Since the RBRVS fee schedule is
   not currently used for anesthesia services, this field will not impact the fee
   schedule calculation.

Will any line items in this invoice be for contracted services? AND *Is this line item
   for a contracted service?* – These two existing prompts have been replaced by a
   single new prompt since all entered payments will have the same value for the
   amount paid. The new prompt is:
        'The answer to the following will apply to all payments entered via this option.
         Are payments for contracted services? No//'

The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75 th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to enter Compensation and Pension (C&P) and multiple patient payments. The selected patient must be registered and have an open Fee Basis authorization. You may enter additional payments from a previous invoice or payments from a new invoice. A new invoice number is assigned automatically, when required.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Payment Menu
C&P/Multiple Patient Payment Entry

Introduction, cont.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

Example

```
Select FEE BASIS BATCH NUMBER:    160
  Obligation #: C95000



Select FEE BASIS VENDOR NAME:       ANEW VENDOR     49875346571   DOCTOR OF MEDIC
          398 FIRST ST
          MENAQUA, WI  54805    TEL. #:  715-999-3425
```

```
               ***   VENDOR DEMOGRAPHICS   ***

        Name:   ANEW VENDOR                   ID Number: 49875346571
     Address:   398 FIRST ST                   Specialty: SURGERY
        City:   MENAQUA                             Type: PHYSICIAN
       State:   WISCONSIN         Participation Code: DOCTOR OF MEDICINE
         ZIP:   54805             Medicare ID Number:
      County:                                   Chain:
       Phone:   715-999-3425
         Fax:
 Type (FPDS):
 Austin Name:   ANEW VENDOR
 Last Change                          Last Change
   TO Austin:   9/27/93                 FROM Austin:
Want to Edit data? NO//   <RET>
Want a new Invoice number assigned? YES//     <RET>

Invoice # 244 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later):  T-2  (JUN 22, 1999)
```

Payment Menu
C&P/Multiple Patient Payment Entry

Example, cont.

```
Enter Vendor Invoice Date:   T-3  (JUN 21, 1999)
The answer to the following will apply to all payments entered via this
option.
Are payments for contracted services? No//    <RET>  NO


Date of Service:  6/1/99  (JUN 01, 1999)
Select Service Provided:       90801       PSY DX INTERVIEW

Current list of modifiers: none
Select CPT MODIFIER:   <RET>

Major Category: MEDICINE
  Sub-Category: PSYCHIATRY
      Procedure: 90801   PSY DX INTERVIEW

                 Detail Description
                 ==================
PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION
Is this correct? YES//   <RET>
SITE OF SERVICE ZIP CODE: 54805//    <RET> 54805

Select PLACE OF SERVICE:   11           OFFICE
Select TYPE OF SERVICE:    3           CONSULTATION
Enter Amount Paid:  $: 119.86//    <RET> 119.86
```

```
Select Patient:   SMITH,FRED X   SMITH,FRED X       05-12-51     330569812
YES        SC VETERAN

SMITH,FRED X                        Pt.ID: 330-56-9812
123 EASY STREET                       DOB: MAY 12,1951
ALBANY                                TEL: 345-1234
NEW YORK 12202-0987                CLAIM #: 383838383
                                   COUNTY: ALBANY

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC Percent: 30%
 Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

    Health Insurance: NO
   Insurance   COB Subscriber ID    Group      Holder  Effective  Expires
   =======================================================================
```

Payment Menu
C&P/Multiple Patient Payment Entry

Example, cont.

```
   GHI              3424234        Ind. Plan   SELF    01/01/90   01/01/95
   AETNA            8849043093247  00229/9984  SPOUSE  01/01/93   12/31/93
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
```

```
Fee ID Card #: 357491                    Fee Card Issue Date: 07/16/93

Patient Name: SMITH,FRED X                        Pt.ID: 330-56-9812

AUTHORIZATIONS:
   (1) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
       TO: 09/02/93
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX:
       County: ALBANY                    PSA: BOSTON

   (2) FR: 04/12/93      VENDOR: Not Specified
       TO: 07/24/99
                         Authorization Type: Outpatient - Short Term
           Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
           DX: PTSD
       County: ALBANY                    PSA: ALBANY


Enter a number (1-2): 2
PRIMARY DIAGNOSIS:


Vendor has no prior payments for this patient


Payment Data Entered for Patient
Invoice: 244 Totals: $ 119.86


Select Patient:  <RET>


Select FEE BASIS BATCH NUMBER:   <RET>
```

Payment Menu
Calculate Payment Amount

Patch FB*3.5*4 Changes: New option.

Introduction

This option is used to calculate a fee schedule amount for a service (CPT code) without having to actually enter a payment. If the date of service is after September 1st, 1999 the Medicare RBRVS fee schedule will be used. If the RBRVS amount is not greater than zero or if the date is prior to September 1999, the VA 75th Percentile fee schedule will be used to obtain an amount.

Example

```
Select Service Provided: 99201          OFFICE/OUTPATIENT VISIT, NEW

Current list of modifiers: none
Select CPT MODIFIER:

Major Category: EVALUATION AND MANAGEMENT SERVICES
  Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES
      Procedure: 99201   OFFICE/OUTPATIENT VISIT, NEW

                   Detail Description
                   ==================
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM
FOCUSED HISTORY - A PROBLEM FOCUSED EXAMINATION - AND
STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR
COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED
CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR
FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEMS ARE SELF LIMITED OR
MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE
PATIENT AND/OR FAMILY.
Is this correct? YES//
Enter date of service:  Jun 22, 1999//   (JUN 22, 1999)
Enter Fee Basis Vendor [optional]:
SITE OF SERVICE ZIP CODE: 23667
Select PLACE OF SERVICE: OFFICE  11        OFFICE
     Amount to Pay: $ 33.16   from the 1999 RBRVS FEE SCHEDULE
```

Payment Menu
  Delete Payment Entry

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR - required to delete batches other than those you opened.
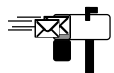
A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Delete Payment Entry option is used to delete a medical payment transaction. You may only delete a payment that you entered, and the batch must have an OPEN status.

The option provides a payment history display for the patient and vendor selected. You can refer to this display to insure correct entry of the date of service and service provided (CPT code) to be deleted.

The payments are listed in inverse date order. Reimbursements are represented by an asterisk (*).

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Select FEE BASIS BATCH NUMBER:    145      Obligation #: C89622



Select Patient:  KIRKER,DENNIS
```

Payment Menu
Delete Payment Entry

Example, cont.

```
KIRKER,DENNIS                        Pt.ID: 019-40-1234
32 SMYTH RD                            DOB: FEB 22,1922
BOX 333
MANCHESTER                             TEL: 1800FEE
NEW HAMPSHIRE 03102-1345           CLAIM #: 019401234
                                    COUNTY: HILLSBOROUGH


Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


        SC Percent: 100%
 Rated Disabilities: NONE STATED


    Health Insurance: UNKNOWN
     Insurance Co.     Subscriber ID     Group      Holder  Effective Expires


=========================================================================
    No Insurance Information
Want to add NEW insurance data? No//     <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
```

```
Fee ID Card #: A12346                    Fee Card Issue Date: 01/01/93

Patient Name: KIRKER,DENNIS                         Pt.ID: 019-40-1234

AUTHORIZATIONS:
   (1) FR: 08/04/94      VENDOR: MARCUS WELBY, MD - 495734995
       TO: 08/03/97

                         Authorization Type: Outpatient - ID Card
          Purpose of Visit: OPT - SC 50% OR MORE
          DX: ILL
       County: HILLSBOROUGH           PSA: ALBANY

Is this the correct Authorization period (Y/N)? Yes//     <RET>
```

Payment Menu
  Delete Payment Entry

Example, cont.

```
Select VENDOR:  MARCUS WELBY, MD

Patient Name: KIRKER,DENNIS                SSN: 019401234

  VENDOR: MARCUS WELBY, MD
     37 GOLDEN POND
     ROTTERDAM JCT, 36   12323
          ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE  CPT-MODIFIER        AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
---------------------------------------------------------------------------

 05/10/94  D0470             $   30.00  $   20.00 1     220       134
* 01/01/93  10180            $  223.00  $  223.00       65        145



Date of Service:  1/1/93   JAN  1, 1993
Select SERVICE PROVIDED:  10180           COMPLEX DRAINAGE, WOUND

Are you sure you want to delete this payment record? No//    YES
Payment record Deleted!


Date of Service:  <RET>


Select VENDOR:  <RET>



Select Patient:  <RET>


Select FEE BASIS BATCH NUMBER:
```

Payment Menu
  Edit Payment

Version 3.5 Changes: New Prompts
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.
Vendor Invoice Date: - allows you to enter the vendor's invoice date.
Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

Patch FB*3.5*4 Changes: New and Modified Prompts:
SERVICE PROVIDED: This existing prompt has been modified to prevent entry of CPT codes that are inactive on the date of service.
CPT MODIFIER: This existing prompt has been modified to allow more than one CPT MODIFIER to be entered for a specific service provided (CPT Code). The computer will not allow CPT modifiers to be entered that are inactive on the date of service or are inappropriate for the CPT code. The modifiers (if any) will be combined with the CPT code to determine fee schedule amounts and to check for duplicate payments.
SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the location where the service was actually performed should be entered. The vendor's address will be used to obtain a default value. The zip code will be used to obtain the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.
ANESTHESIA TIME (MINUTES): This is a new required field that will only be asked when the CPT code is for an anesthesia service. The time billed for an anesthesia service in minutes should be entered. A bill may specify anesthesia units which will need to be converted to minutes. Since the RBRVS fee schedule is not currently used for anesthesia services, this field will not impact the fee schedule calculation.
Is this line item for a contracted service? – This prompt replaces the PROMPT PAY TYPE prompt for this option. It has been moved up so it will be asked before the fee sc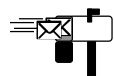hedule calculation takes place. The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the new fee schedule calculation when the new fee schedule amount is different than the original fee schedule amount for an existing payment

⚷ FBAASUPERVISOR - allows you to edit payments from batches that have been released by a supervisor.

Introduction

The Edit Payment option is used to edit data for a previously entered Medical Fee payment. You may also delete an entire existing payment entry or delete individual data items, other than required fields. You cannot edit payments in batches that have been finalized.

Example

```
Select FEE BASIS PAYMENT PATIENT:    SMITH,FRED X   SMITH,FRED X          05-12-51
  330569812        YES         SC VETERAN


Select VENDOR:          DOCTOR
Date of Service:        6-19-1999
Select SERVICE PROVIDED:        99211
Service Provided: 99211//   <RET>      OFFICE/OUTPATIENT VISIT, EST

Current list of modifiers: none
Select CPT MODIFIER:   <RET>
SITE OF SERVICE ZIP CODE: 98937//   <RET>
Is this line item for a contracted service? No//     <RET>  NO
PLACE OF SERVICE: OFFICE (11)//   <RET>
AMOUNT CLAIMED: 35//   <RET>
AMOUNT PAID: 15.43//   <RET>
AMOUNT SUSPENDED: 19.57//   <RET>
SUSPEND CODE: 1//   <RET>
Exit ('^') allowed now
PRIMARY SERVICE FACILITY: ALBANY//    <RET>
OBLIGATION NUMBER: C95000//   <RET>
DATE CORRECT INVOICE RECEIVED: JUN 24,1999//     <RET>
VENDOR INVOICE DATE: JUN 24,1999//    <RET>
PATIENT TYPE CODE: PSYCHIATRIC//    <RET>
TREATMENT TYPE CODE: SHORT TERM FEE STATUS//     <RET>
PURPOSE OF VISIT: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY OR ALLIED
BENE.) //  <RET>
PRIMARY DIAGNOSIS: 685.1//   <RET>
HCFA TYPE OF SERVICE:   <RET>
SERVICE CONNECTED CONDITION?: NO//    <RET>
```

Payment Menu
Edit Payment

Example, cont.

```
Select SERVICE PROVIDED:    <RET>


Select FEE BASIS PAYMENT PATIENT:    <RET>
```

Payment Menu
  Enter Payment

Version 3.5 Changes: New Prompts

Will any line items in this invoice be for contracted services? -Answering NO
  indicates that all line items within the invoice will NOT be for contracted services.
  Answering YES indicates that some, or all of the line items within the invoice will
  be for contracted services. Answering YES will result in an additional prompt
  appearing at the input of EACH line item.
Is this line item for a contracted service?- Only asked if the user answered YES to
  the above prompt. It allows you to indicate when a line item is for a contracted
  service.
Enter Vendor Invoice Date:- allows you to enter the vendor's invoice date.
CPT MODIFIER:- allows you to break down services provided to the modifier level.
  This field is optional.

Displays which include line item information have been modified to include check
information, date paid, and/or check cancellation information. Line items that had
previously been cancelled are annotated with a plus sign (+).

Patch FB*3.5*4 Changes: New and Modified Prompts:

*SERVICE PROVIDED:*This existing prompt has been modified to prevent entry of
  CPT codes that are inactive on the date of service.
*CPT MODIFIER:*This existing prompt has been modified to allow more than one
  CPT MODIFIER to be entered for a specific service provided (CPT Code). The
  computer will not allow CPT modifiers to be entered that are inactive on the date
  of service or are inappropriate for the CPT code. The modifiers (if any) will be
  combined with the CPT code to determine fee schedule amounts and to check for
  duplicate payments.
*SITE OF SERVICE ZIP CODE:*This is a new required field. The Zip Code of the
  location where the service was actually performed should be entered. The vendor's
  address will be used to obtain a default value. The zip code will be used to obtain
  the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.
ANESTHESIA TIME (MINUTES): This is a new required field that will only be
  asked when the CPT code is for an anesthesia service. The time billed for an
  anesthesia service in minutes should be entered. A bill may specify anesthesia
  units which will need to be converted to minutes. Since the RBRVS fee schedule is
  not currently used for anesthesia services, this field will not impact the fee
  schedule calculation.
Is this line item for a contracted service?– This existing prompt has been moved up
  so it will be asked before the fee schedule calculation takes place. The fee schedule

does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75 th Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Payment option is used to enter medical payments. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required. Only medical payments can be entered through this option.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

Payment Menu
  Enter Payment

Introduction, cont.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

Example

```
Select FEE BASIS BATCH NUMBER:   160
  Obligation #: C95000



Select Patient:   SMITH,FRED X
```

```
SMITH,FRED X                        Pt.ID: 330-56-9812
123 EASY STREET                        DOB: MAY 12,1951
ALBANY                                 TEL: 345-1234
NEW YORK 12202-0987                CLAIM #: 383838383
                                    COUNTY: ALBANY


Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


        SC Percent: 30%
 Rated Disabilities: DERMATOPHYTOSIS (30%-SC)


    Health Insurance: NO
    Insurance   COB Subscriber ID    Group       Holder  Effective  Expires
    ========================================================================
    GHI             3424234          Ind. Plan   SELF    01/01/90   01/01/95
    AETNA           8849043093247    00229/9984  SPOUSE  01/01/93   12/31/93
Want to add NEW insurance data? No//    <CR>  NO
Are there any discrepancies with insurance data on file? No//      <CR>  NO
Fee ID Card #: 357491                Fee Card Issue Date: 07/16/93
```

Payment Menu
Enter Payment

Example, cont.

```
Patient Name: SMITH,FRED X                        Pt.ID: 330-56-9812


AUTHORIZATIONS:
   (1) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
       TO: 09/02/93
                          Authorization Type: CONTRACT NURSING HOME
          Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
          DX:
       County: ALBANY                    PSA: BOSTON, MA

   (2) FR: 04/12/93      VENDOR: Not Specified
       TO: 07/24/99
                          Authorization Type: Outpatient - Short Term
          Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
          DX: PTSD
       County: ALBANY                    PSA: ALBANY
```

```
Enter a number (1-2):   2
AUTHORIZATION REMARKS:
  1> <CR>
DX LINE 1: PTSD//   <CR>
DX LINE 2:  <CR>
DX LINE 3:  <CR>



Select FEE BASIS VENDOR NAME:      DOCTOR     000000001  DOCTOR OF MEDIC
         11111
         1211 NURSE
         ANYPLACE, MI  98937    TEL. #:  323-2323
```

```
Patient Name: SMITH,FRED X                 Pt.ID: 330-56-9812

                  ***   VENDOR DEMOGRAPHICS   ***

       Name:  DOCTOR                    ID Number: 000000001
    Address:  11111                     Specialty: FAMILY PRACTICE
 Address [2]: 1211 NURSE
       City:  ANYPLACE                       Type: PHYSICIAN
      State:  MICHIGAN        Participation Code: DOCTOR OF MEDICINE
        ZIP:  98937           Medicare ID Number:
     County:                               Chain:
```

Payment Menu
Enter Payment

Example, cont.

```
 SITE OF SERVICE ZIP CODE: 98937//    <CR> 98937

 Select Service Provided:   99211           OFFICE/OUTPATIENT VISIT, EST

Current list of modifiers: none
Select CPT MODIFIER:

Major Category: EVALUATION AND MANAGEMENT SERVICES
  Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES
      Procedure: 99211   OFFICE/OUTPATIENT VISIT, EST

                   Detail Description
                   ==================
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A
PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY,
5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.
Is this correct? YES//   <CR>
         OFFICE/OUTPATIENT VISIT, EST
Is this line item for a contracted service? No//     <CR>  NO
Select PLACE OF SERVICE:   11           OFFICE
AMOUNT CLAIMED:  35
AMOUNT PAID: 15.43//   <CR>
AMOUNT SUSPENDED: 19.57//   <CR>
SUSPEND CODE:  1           Charge exceeds maximum payable
PRIMARY DIAGNOSIS:      685.1           PILONIDAL CYST W/O ABSC
HCFA TYPE OF SERVICE:  <CR>
SERVICE CONNECTED CONDITION?:   N  (NO)

Select Service Provided:   <CR>


Date of Service:  <CR>

Invoice: 252 Totals $ 15.43
```

Payment Menu
  Invoice Display

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

Example

```
Select Invoice Number:    45


Invoice Number: 45           Vendor Name: ALBANY IMAGING SERVICES
  Date Received: 06/18/94
         ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
SVC DATE CPT-MOD    AMT CLAIMED    AMT PAID    CODE    BATCH NO. VOUCHER DATE
     Other Suspension Description
==============================================================================


SMITH,VERN
   6/6/94   11971      $   25.00   $   10.00   1         10

SMITH,VERN
   6/10/94  10120      $   25.00   $   10.00   1         10

SMITH,VERN
   6/15/94  12005      $   25.00   $   10.00   1         10

Select Invoice Number:
```

Payment Menu
  Multiple Payment Entry

![lightning bolt icon] Version 3.5 Changes: New Prompts

Will any line items in this invoice be for contracted services? -Answering NO
  indicates that all line items within the invoice will NOT be for contracted services.
  Answering YES indicates that some, or all of the line items within the invoice will
  be for contracted services. Answering YES will result in an additional prompt
  appearing at the input of EACH line item.

Is this line item for a contracted service?- Only asked if the user answered YES to
  the above prompt. It allows you to indicate when a line item is for a contracted
  service.

Enter Vendor Invoice Date:- allows you to enter the vendor's invoice date.

CPT MODIFIER:- allows you to break down services provided to the modifier level.
  This field is optional.

Displays which include line item information have been modified to include check
information, date paid, and/or check cancellation information. Line items that had
previously been cancelled are annotated with a plus sign (+).

![lightning bolt icon] Patch FB*3.5*4 Changes: New and Modified Prompts:

*SERVICE PROVIDED:*This existing prompt has been modified to prevent entry of
  CPT codes that are inactive on the date of service.

*CPT MODIFIER:*This existing prompt has been modified to allow more than one
  CPT MODIFIER to be entered for a specific service provided (CPT Code). The
  computer will not allow CPT modifiers to be entered that are inactive on the date
  of service or are inappropriate for the CPT code. The modifiers (if any) will be
  combined with the CPT code to determine fee schedule amounts and to check for
  duplicate payments.

*SITE OF SERVICE ZIP CODE:*This is a new required field. The Zip Code of the
  location where the service was actually performed should be entered. The vendor's
  address will be used to obtain a default value. The zip code will be used to obtain
  the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.

ANESTHESIA TIME (MINUTES): This is a new required field that will only be
  asked when the CPT code is for an anesthesia service. The time billed for an
  anesthesia service in minutes should be entered. A bill may specify anesthesia
  units which will need to be converted to minutes. Since the RBRVS fee schedule is
  not currently used for anesthesia services, this field will not impact the fee
  schedule calculation.

*Will any line items in this invoice be for contracted services?*AND *Is this line item
  for a contracted service?*– These two existing prompts have been replaced by a

single new prompt since all entered payments will have the same value for the amount paid. The new prompt is:

'The answer to the following will apply to all payments entered via this option.
 Are payments for contracted services? No//'

The fee schedule does not apply to contracted services. A fee schedule amount will be calculated and displayed for informational purposes, but the fee schedule amount will not actually be used as the default amount paid for a contracted service.
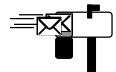
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been moved up so it will be asked before the fee schedule calculation takes place. This field has been made a required field. The information will be used to determine if the facility or the non-facility practice expense RVU should be used during the RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value from the RBRVS fee schedule when appropriate. The VA 75 [th] Percentile fee schedule will be used if the service is not covered by the RBRVS fee schedule. No fee schedule will be used for contracted services.

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Multiple Payment Entry option is used to enter identical medical payments (except for service date) for a patient. The option was designed to accommodate such services as home nursing where the patient may be seen daily by a visiting nurse. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required.

Payment Menu
Multiple Payment Entry

Introduction, cont.

When using the Multiple Payment option, users should be aware of the Fee Schedule that is used to calculate payments. The Fee Schedule used for the Multiple Payment Option is based on the current date. This is due to the fact that payment amounts are asked up front, before the date of service is known. The RBRVS fee schedule is based on a calendar year and the VA 75th Percentile fee schedule is based on a fiscal year. Therefore a payment made at the beginning of a year, for a date of service that occurred in the previous year, uses the fee schedule that corresponds to the current date instead of the date of service.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

Example

```
Select FEE BASIS BATCH NUMBER:     160
  Obligation #: C95000



Select Patient:    SMITH,FRED X
```

```
Select Patient:    SMITH,FRED X


SMITH,FRED X                        Pt.ID: 330-56-9812
123 EASY STREET                       DOB: MAY 12,1951
ALBANY                                TEL: 345-1234
NEW YORK 12202-0987               CLAIM #: 383838383
                                   COUNTY: ALBANY
```

Payment Menu
Multiple Payment Entry

Example, cont.

```
Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC Percent: 30%
 Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

   Health Insurance: NO
  Insurance    COB Subscriber ID    Group      Holder  Effective  Expires
  =========================================================================
  GHI              3424234          Ind. Plan  SELF    01/01/90   01/01/95
  AETNA            8849043093247    00229/9984 SPOUSE  01/01/93   12/31/93
Want to add NEW insurance data? No//    <RET>  NO
Are there any discrepancies with insurance data on file? No//      <RET>  NO
```

```
Fee ID Card #: 357491                    Fee Card Issue Date: 07/16/93

Patient Name: SMITH,FRED X                         Pt.ID: 330-56-9812

AUTHORIZATIONS:
   (1) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
       TO: 09/02/93
                         Authorization Type: CONTRACT NURSING HOME
          Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
          DX:
       County: ALBANY                 PSA: BOSTON, MA

   (2) FR: 04/12/93      VENDOR: Not Specified
       TO: 07/24/99
                         Authorization Type: Outpatient - Short Term
          Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
          DX: PTSD
       County: ALBANY                 PSA: ALBANY
```

```
Enter a number (1-2): 2
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: PTSD//  <RET>
DX LINE 2:  <RET>
DX LINE 3:  <RET>

Select FEE BASIS VENDOR NAME:     DOCTOR     000000001   DOCTOR OF MEDICINE
```

Payment Menu
Multiple Payment Entry

Example, cont.

```
        11111
        1211 NURSE
        ANYPLACE, MI  98937    TEL. #:  323-2323
```

```
Patient Name: SMITH,FRED X                    Pt.ID: 330-56-9812

                    ***   VENDOR DEMOGRAPHICS   ***

        Name:  DOCTOR                    ID Number: 000000001
     Address:  11111                     Specialty: FAMILY PRACTICE
 Address [2]:  1211 NURSE
        City:  ANYPLACE                       Type: PHYSICIAN
       State:  MICHIGAN      Participation Code: DOCTOR OF MEDICINE
         ZIP:  98937          Medicare ID Number:
      County:                               Chain:
       Phone:  323-2323
         Fax:
 Type (FPDS):
 Austin Name:  DOCTOR
 Last Change                      Last Change
   TO Austin:  9/27/93             FROM Austin:
Want to Edit data? NO//    <RET>
```

```
Patient Name: SMITH,FRED X              SSN: 330569812

  VENDOR: DOCTOR
     11111
     ANYPLACE, MICHIGAN   98937
         ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE   CPT-MODIFIER      AMT CLAIMED AMT PAID  CODE    INVOICE # BATCH #
 ---------------------------------------------------------------------------

 06/19/99  99211            $   35.00  $   15.43 1      252         160
* 09/09/93  90010            $   20.00  $   20.00        131         16
 07/01/93  90050            $   25.00  $   25.00         45         48

Enter RETURN to continue or '^' to exit:    <RET>
Want a new Invoice number assigned? YES//    <RET>

Invoice # 253 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later):  T  (JUN 24, 1999)

Enter Vendor Invoice Date:  T  (JUN 24, 1999)
```

Payment Menu
Multiple Payment Entry

Example, cont.

```
The answer to the following will apply to all payments entered via this
option.
Are payments for contracted services? No//    <RET>   NO


Select Service Provided:   99211           OFFICE/OUTPATIENT VISIT, EST


Current list of modifiers: none
Select CPT MODIFIER:   <RET>


Major Category: EVALUATION AND MANAGEMENT SERVICES
  Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES
       Procedure: 99211   OFFICE/OUTPATIENT VISIT, EST
```

```
                  Detail Description
                  ==================
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A
PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY,
5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.
Is this correct? YES//  <RET>
SITE OF SERVICE ZIP CODE: 98937//   <RET> 98937

Select ICD DIAGNOSIS:      685.1        PILONIDAL CYST W/O ABSC
Select PLACE OF SERVICE:   11           OFFICE
Select TYPE OF SERVICE:   <RET>

Service connected condition?   NO
Amount Claimed:  $:  25

Is $25 correct for Amount Claimed? Yes//    <RET>   YES
Amount Paid: $: 15.43//   <RET> 15.43

Is $15.43 correct for Amount Paid? Yes//    <RET>   YES
Amount Suspended: $: 9.57//   <RET> 9.57


Select FEE BASIS SUSPENSION CODE:   1          Charge exceeds maximum payable


Date of Service:  6/1/99  (JUN 01, 1999)
Is 6/1/99 correct? Yes//   <RET>   YES


        OFFICE/OUTPATIENT VISIT, EST       ....OK, DONE....
Invoice: 253 Totals: $ 15.43
```

Payment Menu
Multiple Payment Entry

Example, cont.

```
Date of Service:  6/3/99  (JUN 03, 1999)
Is 6/3/99 correct? Yes//   <RET>  YES


        OFFICE/OUTPATIENT VISIT, EST       ....OK, DONE....
Invoice: 253 Totals: $ 30.86


Date of Service:  6/6/99  (JUN 06, 1999)
Is 6/6/99 correct? Yes//   <RET>  YES


        OFFICE/OUTPATIENT VISIT, EST       ....OK, DONE....
Invoice: 253 Totals: $ 46.29


Date of Service:  <RET>


Select Patient:  <RET>


Select FEE BASIS BATCH NUMBER: <RET>
```

Payment Menu
Re-initiate Rejected Payment Items

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Payment Menu
Re-initiate Rejected Payment Items

Example

```
Select Batch with Rejects:    169        C46335

Select New Batch number:      999        C64838

Want line items listed? No//    YES
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
            ('#' Voided Payment)                      Batch #   Voucher Date
  Vendor Name                            Vendor ID  Invoice #    Date     Rec'd.
 SVC DATE    CPT-MOD   CLAIMED     PAID    CODE   SERVICE PROVIDED
==========================================================================

Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY


LENNON,MARCUS                     381-05-0505
   BARNABY,JARED, M.D.                       271172711   190
    12/15/94    90060    75.00    60.00    1       OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE

LENNON,MARCUS                     381-05-0505
   BARNABY,JARED, M.D.                       271172711   190
    12/30/94    90060    75.00    60.00    1       OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE

COURT,PATRICIA                    234-23-4234
   PARKER,ALLISON, M.D.                      341234143   198
    01/10/94    80908    50.00     50.00            CONSULTATION,BRIEF
         Reject Reason:  BATCH OUT OF BALANCE
--------------------------------------------------------------------------

Want to re-initiate all rejected items in the Batch? No//    YES

Are you sure you want to re-initiate all line items in this
batch? No//  YES

 ....SORRY, I'M WORKING AS FAST AS I CAN....

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Payment Menu
Reimbursement Payment Entry

Version 3.5 Changes: New Prompts

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.
CPT MODIFIER: - allows you to break down services provided to the modifier level.
   This field is optional.

Patch FB*3.5*4 Changes: New and Modified Prompts:

SERVICE PROVIDED: This existing prompt has been modified to prevent entry of
   CPT codes that are inactive on the date of service.
CPT MODIFIER: This existing prompt has been modified to allow more than one
   CPT MODIFIER to be entered for a specific service provided (CPT Code). The
   computer will not allow CPT modifiers to be entered that are inactive on the date
   of service or are inappropriate for the CPT code. The modifiers (if any) will be
   combined with the CPT code to determine fee schedule amounts and to check for
   duplicate payments.
SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the
   location where the service was actually performed should be entered. The vendor's
   address will be used to obtain a default value. The zip code will be used to obtain
   the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.
ANESTHESIA TIME (MINUTES): This is a new required field that will only be
   asked when the CPT code is for an anesthesia service. The time billed for an
   anesthesia service in minutes should be entered. A bill may specify anesthesia
   units which will need to be converted to minutes. Since the RBRVS fee schedule is
   not currently used for anesthesia services, this field will not impact the fee
   schedule calculation.
PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been
   moved up so it will be asked before the fee schedule calculation takes place. This
   field has been made a required field. The information will be used to determine if
   the facility or the non-facility practice expense RVU should be used during the
   RBRVS fee schedule calculation.
AMOUNT PAID: This existing prompt has been modified to display a default value
from the RBRVS fee schedule when appropriate. The VA 75 th Percentile fee
schedule will be used if the service is not covered by the RBRVS fee schedule.

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's
name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all
open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Reimbursement Payment Entry option is used to enter a reimbursement payment to a veteran for medical service after the veteran has paid the vendor directly. At some stations, reimbursement payments are separate batches. At others, they are intermixed with the medical batches. You may only enter payments into those batches which you opened. The system will assign a new invoice number to the reimbursement payment, if necessary.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

If the patient has reached the maximum payment amount allowed for the month of service, a warning will appear after you enter the date of service.

Payment Menu
Reimbursement Payment Entry

Example

```
Select FEE BASIS BATCH NUMBER:    160
  Obligation #: C95000


Select Patient:       SMITH,FRED X



SMITH,FRED X                           Pt.ID: 330-56-9812
123 EASY STREET                           DOB: MAY 12,1951
ALBANY                                    TEL: 345-1234
NEW YORK 12202-0987                   CLAIM #: 383838383
                                       COUNTY: ALBANY


Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


        SC Percent: 30%
 Rated Disabilities: DERMATOPHYTOSIS (30%-SC)


    Health Insurance: NO
    Insurance   COB Subscriber ID    Group        Holder  Effective  Expires
    ==========================================================================
    GHI              3424234        Ind. Plan    SELF    01/01/90   01/01/95
    AETNA            8849043093247  00229/9984   SPOUSE  01/01/93   12/31/93
Want to add NEW insurance data? No// <RET>   NO
Are there any discrepancies with insurance data on file? No// <RET>   NO



    Health Insurance: NO
    Insurance Co.    Subscriber ID    Group        Holder  Effective Expires


==========================================================================
    No Insurance Information
Want to add NEW insurance data? No//     <RET>
Are there any discrepancies with insurance data on file? No//     <RET>
```

Payment Menu
Reimbursement Payment Entry

Example, cont.

```
Fee ID Card #: 357491                     Fee Card Issue Date: 07/16/93


Patient Name: SMITH,FRED X                          Pt.ID: 330-56-9812


AUTHORIZATIONS:
   (1) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
       TO: 09/02/93
                           Authorization Type: CONTRACT NURSING HOME
Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
         DX:
       County: ALBANY                  PSA: BOSTON, MA


   (2) FR: 04/12/93      VENDOR: Not Specified
       TO: 07/24/99
                           Authorization Type: Outpatient - Short Term
         Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
         DX: PTSD
       County: ALBANY                  PSA: ALBANY
```

```
Enter a number (1-2):   2

            Patient:  SMITH,FRED X
            Address Line 1:  123 EASY STREET
                      City:  ALBANY
                     State:  NEW YORK
                       Zip:  12202-0987
                    County:  ALBANY

Want to edit Address data? No//   <RET>  NO
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: PTSD//   <RET>
DX LINE 2:  <RET>
DX LINE 3:  <RET>



Select FEE BASIS VENDOR NAME:       DOCTOR      000000001  DOCTOR OF MEDIC
        11111
        1211 NURSE
        ANYPLACE, MI  98937    TEL. #:  323-2323


Patient Name: SMITH,FRED X                     Pt.ID: 330-56-9812
```

Payment Menu
Reimbursement Payment Entry

Example, cont.

```
                    ***   VENDOR DEMOGRAPHICS   ***

         Name:  DOCTOR                      ID Number: 000000001
      Address:  11111                        Specialty: FAMILY PRACTICE
  Address [2]:  1211 NURSE
         City:  ANYPLACE                           Type: PHYSICIAN
        State:  MICHIGAN          Participation Code: DOCTOR OF MEDICINE
          ZIP:  98937             Medicare ID Number:
       County:                                    Chain:
        Phone:  323-2323
          Fax:
   Type (FPDS):
  Austin Name:  DOCTOR
 Last Change                          Last Change
    TO Austin:  9/27/93                 FROM Austin:
 Want to Edit data? NO//    <RET>
```

```
Patient Name: SMITH,FRED X                 SSN: 330569812

   VENDOR: DOCTOR
      11111
      ANYPLACE, MICHIGAN    98937
          ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE   CPT-MODIFIER       AMT CLAIMED AMT PAID   CODE     INVOICE # BATCH #
--------------------------------------------------------------------------------
-

  06/19/99  99211             $   35.00  $   15.43 1     252         160
  06/06/99  99211             $   25.00  $   15.43 1     253         160
  06/03/99  99211             $   25.00  $   15.43 1     253         160
  06/01/99  99211             $   25.00  $   15.43 1     253         160
* 09/09/93  90010             $   20.00  $   20.00       131          16
  07/01/93  90050             $   25.00  $   25.00        45          48

Enter RETURN to continue or '^' to exit:    <RET>
Want a new Invoice number assigned? YES//    <RET>

Invoice # 254 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later):  T  (JUN 24, 1999)

Enter Vendor Invoice Date:   T  (JUN 24, 1999)


Date of Service:  6/21   JUN 21, 1999
```

Payment Menu
Reimbursement Payment Entry

Example, cont.

```
Total already paid on ID Card for month:    $ 0   Maximum allowed: $ 125
Total already paid on All/Other for month: $ 181.58


SITE OF SERVICE ZIP CODE: 98937// 98937


Select Service Provided:  99212         OFFICE/OUTPATIENT VISIT, EST


Current list of modifiers: none
Select CPT MODIFIER:


Major Category: EVALUATION AND MANAGEMENT SERVICES
  Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES
       Procedure: 99212   OFFICE/OUTPATIENT VISIT, EST
```

```
                 Detail Description
                 ==================
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE
KEY COMPONENTS: A PROBLEM FOCUSED HISTORY - A PROBLEM FOCUSED
EXAMINATION - STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING
AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE
PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE
PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S)
ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES
FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.
Is this correct? YES//   <RET>
          OFFICE/OUTPATIENT VISIT, EST
Select PLACE OF SERVICE:  11          OFFICE
AMOUNT CLAIMED:  30
AMOUNT PAID: 28.81//   <RET>
AMOUNT SUSPENDED: 1.19//   <RET>
SUSPEND CODE:  1         Charge exceeds maximum payable
PRIMARY DIAGNOSIS:     685.1        PILONIDAL CYST W/O ABSC
HCFA TYPE OF SERVICE:  <RET>
SERVICE CONNECTED CONDITION?:   N  (NO)

Select Service Provided:  <RET>

Date of Service:  <RET>

Invoice: 254 Totals $ 28.81

Select Patient:  <RET>

Select FEE BASIS BATCH NUMBER:   <RET>
```

Payment Menu
  Travel Payment Only

Insurance, authorization, and address data are now displayed. Insurance and address information may be edited.

New insurance information may be uploaded into IB files through this option.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

Introduction

The Travel Payment Only option is used to enter/edit/delete a travel payment for a Fee Basis patient. Veterans authorized Fee Basis care may be provided payment for their travel expenses from their home to the fee provider. This is usually a cents-per-mile amount (set by VA Central Office) plus any toll or bridge fees.

Travel payment is not automatic and must be requested by the veteran. If approved, the travel information is added to the patient's Fee Basis authorization (under authorization remarks). The amount of the travel payment due should be entered through this option when a fee medical invoice is processed.

You are prompted for the travel batch number to which the payment will be assigned. Only travel batches with a status of OPEN (and opened by you) may be selected.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Payment Menu
Travel Payment Only

Example

```
Select Patient:  KIRKER,DENNIS



KIRKER,DENNIS                              Pt.ID: 019-40-1234
32 SMYTH RD                                  DOB: FEB 22,1922
BOX 333
MANCHESTER                                   TEL: 1800FEE
NEW HAMPSHIRE 03102-1345              CLAIM #: 019409130
                                     COUNTY: HILLSBOROUGH


Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


       SC Percent: 100%
 Rated Disabilities: NONE STATED

    Health Insurance: UNKNOWN
     Insurance Co.    Subscriber ID    Group      Holder  Effective Expires


=========================================================================
    No Insurance Information
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
```

```
Fee ID Card #: A12346                   Fee Card Issue Date: 01/01/93

Patient Name: KIRKER,DENNIS                         Pt.ID: 019-40-1234

AUTHORIZATIONS:
   (1) FR: 08/04/94      VENDOR: ADULT DAY CARE CENTER - 495734995
       TO: 08/03/97
                         Authorization Type: Outpatient - ID Card
            Purpose of Visit: OPT - SC 50% OR MORE
            DX:
        County: HILLSBOROUGH           PSA: ALBANY



Is this the correct Authorization period (Y/N)? Yes//    <RET>
```

Payment Menu
  Travel Payment Only

Example, cont.

```
              Patient:  KIRKER,DENNIS
        Address Line 1:  32 SMYTH RD
        Address Line 2:  BOX 333
                  City:  MANCHESTER
                 State:  NEW HAMPSHIRE
                   Zip:  03102-1345
                County:  HILLSBOROUGH

Want to edit Address data? No//   <RET>
AUTHORIZATION REMARKS:
  1> APPROVED FOR TRAVEL ALSO.
DX LINE 1:  <RET>
DX LINE 2:  <RET>
DX LINE 3:  <RET>


Select TRAVEL PAYMENT DATE:   9/1   SEP  1, 1994
TRAVEL PAYMENT DATE: SEP 1,1994//   <RET>
TRAVEL BATCH NUMBER: 187//   <RET>
TRAVEL AMOUNT: 18//   15



Select Patient:
```

Registration Menu
  Authorization Display

NEW OPTION

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Enter Authorization Number:   7169701-2

KIRKER,DENNIS                            Pt.ID: 019-40-1234
32 LAKE RD                                DOB: FEB 22,1922
BOX 333
MANCHESTER                                TEL: 999-555-1212
NEW HAMPSHIRE 03102-1345            CLAIM #: 019401234
                                     COUNTY: HILLSBOROUGH


Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


        SC Percent: 100%
 Rated Disabilities: NONE STATED

    Health Insurance: UNKNOWN
    Insurance Co.    Subscriber ID    Group      Holder  Effective Expires


===========================================================================
    No Insurance Information
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

Registration Menu
Authorization Display

Example, cont.

```
Fee ID Card #: A12346                 Fee Card Issue Date: 01/01/93

Patient Name: KIRKER,DENNIS                        Pt.ID: 019-40-1234

AUTHORIZATIONS:
  (1) FR: 01/01/94      VENDOR: ADULT DAY CARE CENTER - 495734995
      TO: 04/01/94
                        Authorization Type: Outpatient - Short Term
          Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                        >> Unauthorized Claim <<
          DX:
      County: HILLSBOROUGH          PSA: ALBANY




Enter Authorization Number:
```

Registration Menu
Fee Patient Inquiry

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Fee Patient Inquiry option is used to display current Fee Basis patient information, such as insurance and authorization data.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Select PATIENT NAME:  ACKERLEY,DENNIS      08-14-55    078460348    SC VETERAN

DEVICE: HOME//    <RET>     RIGHT MARGIN: 80//   <RET>



ACKERLEY,DENNIS                       Pt.ID: 078-46-0348
12 ANY ST.                              DOB: AUG 14,1955
MANCHESTER                              TEL: Not on File
NEW HAMPSHIRE 12111                  CLAIM #: 078460348
                                      COUNTY: GRAFTON

Primary Elig. Code: SC LESS THAN 50%  --  NOT VERIFIED
Other Elig. Code(s): SHARING AGREEMENT


       SC Percent: 20%
 Rated Disabilities: DIABETES (20%-SC)

   Health Insurance: NO
   Insurance Co.    Subscriber ID    Group     Holder  Effective Expires
   ==========================================================================
   No Insurance Information
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
```

Registration Menu
  Fee Patient Inquiry

Example, cont.

```
Patient Name: ACKERLEY,DENNIS                          Pt.ID: 078-46-0348

AUTHORIZATIONS:
   (1) FR: 04/26/93      VENDOR: LES TEST - 987654329AA
       TO: 04/28/93
                          Authorization Type: CIVIL HOSPITAL
            Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                          >> Unauthorized Claim <<
            DX: CAD
       County: GRAFTON                    PSA: BAY PINES, FL




Select PATIENT NAME:
```

Registration Menu
Print Report of Contact

The Report of Contact, VA Form 119, may now be printed without forced queuing.

Introduction

The Print Report of Contact option is used to produce a hard copy of a Fee Basis patient Report of Contact, VA Form 119.

Example

```
Select FEE BASIS PATIENT NAME:   ANDERSON,EUGENE G
Select REPORT OF CONTACT DATE OF CONTACT:    T   DEC 11, 1994
DEVICE: HOME//  <RET>  VIRTUAL TERMINAL   RIGHT MARGIN: 80//    <RET>
```

```
================================================================================
                                    |VA Office        |SSN #
                                    |                 |
      >>  REPORT  OF  CONTACT  <<   |VAMC ALBANY NY   | 011249523
                                    |                 |
--------------------------------------------------------------------------------
   Name of Veteran                  |Telephone No. of Vet. |Date of Contact
                                    |                      |
   ANDERSON,EUGENE G                |518-555-0987          | 12/11/94
--------------------------------------------------------------------------------
   Address of Veteran                               |Type of Contact
   391 MAPLE DR                                     |
   TROY, NY        32937                            |    Telephone
--------------------------------------------------------------------------------
   Person Contacted                                 |Telephone Number of
                                                    | Person Contacted
   WELBY,MARCUS,MD                                  | 518-555-1234
--------------------------------------------------------------------------------
   Brief statement of information requested and given

        DR. WELBY CALLED TO REQUEST AUTHORIZATION TO PROVIDE
        OUTPATIENT SURGICAL SERVICES TO MR. ANDERSON.  CASE WILL BE
        REVIEWED BY DR. JONES.
--------------------------------------------------------------------------------
   Division or Section              |   Executed by(signature and title)
      FEE BASIS                     |   MARY ELLEN GRAY
================================================================================
VA form 119
```

Registration Menu
Report of Contact

Introduction

The Report of Contact option is used to enter a Report of Contact between a vendor and the medical center or edit an existing Report of Contact. It provides you with a way to write a narrative report concerning a personal visit or telephone conversation about a Fee Basis veteran, and gives you an opportunity to print the report. The vendor contacts recorded through this option will appear in many of the other Fee Basis options when the patient authorization information is displayed.

A patient must be registered in the FEE BASIS PATIENT file (#161) to be entered in this option.

Example

```
Select PATIENT NAME:        ACKERLEY,DENNIS        08-14-55       078460348     SC
VETERAN
Select DATE OF CONTACT:  SEP 15,1993
  DATE OF CONTACT: SEP 15,1993//    <RET>
  VENDOR/PROVIDER:  PRIVATE HOSPITAL
  VENDOR/PROVIDER TELEPHONE NO.:    334-5656
  NARRATIVE:
  1>DR. BROWN CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
  2>SERVICE TO MR. ACKERLEY.  CASE WILL BE REVIEWED BY DR. JONES.

EDIT Option:  <RET>
  INPUT DATE: TODAY//   <RET>  (SEP 15, 1993)
  TYPE OF CONTACT:   T  telephonic
Select DATE OF CONTACT:   <RET>
Want to print this Report of Contact? NO//    YES

DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 80//    <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//    Y  (YES)

Requested Start Time: NOW//   <RET> (SEP 15, 1993@12:05:20)
REQUEST QUEUED


Select PATIENT NAME:
```

Registration Menu
Report of Contact

Example, cont.

```
=================================================================================
                                    |VA Office      |SSN #
                                    |               |
        >>  REPORT  OF  CONTACT  <<  |VAMC ALBANY NY |  078460348
                                    |               |
---------------------------------------------------------------------------------
   Name of Veteran                  |Telephone No. of Vet.|Date of Contact
                                    |               |
  ACKERLEY,DENNIS                   |None on File   |   09/15/93
---------------------------------------------------------------------------------
  Address of Veteran                                |Type of Contact
 12 ANY ST.                                          |
 MANCHESTER,NH 12111                                 |    Telephone
---------------------------------------------------------------------------------
  Person Contacted                                  |Telephone Number of
                                                     | Person Contacted
 PRIVATE HOSPITAL                                    | 334-5656
---------------------------------------------------------------------------------
  Brief statement of information requested and given



      DR. BROWN CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
      SERVICE TO MR. ACKERLEY.  CASE WILL BE REVIEWED BY DR. JONES.


---------------------------------------------------------------------------------
   Division or Section             |   Executed by(signature and title)
     FEE BASIS                      |   STELLA,KAREN H
=================================================================================
VA form 119
```

Supervisor Main Menu
Add New Person for Unauthorized Claim

XUSPF200 - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, this option is used to enter the name and address of that party in the NEW PERSON file (#200). The name must be entered in uppercase.

Example

```
Enter NEW  PERSON's name (LAST,FIRST MI):   DARSEY,MARCIE
  ARE YOU ADDING 'DARSEY,MARCIE' AS A NEW   NEW PERSON (THE 1891ST)?  Y  (YES)
Checking SOUNDEX for matches.
    DARCY,RICHARD A.
Do you still want to add this entry: NO//   Y
Now for the Identifiers.
INITIAL: MD
SSN: 985946534
SEX: F  FEMALE
STREET ADDRESS 1:  7425 OLYMPIC BLVD
STREET ADDRESS 2:  APT 9A
STREET ADDRESS 3:  <RET>
CITY: BISMARCK
STATE: ND  NORTH DAKOTA
ZIP CODE: 67448-9938
SSN: 985946534//  <RET>
```

Supervisor Main Menu
Clerk Look-Up For An Authorization

Introduction

This option is used to identify the last user who entered/edited a selected authorization.

Example

```
Select FEE BASIS PATIENT NAME:   ADAMS,MICHAEL    06-17-48  552996543
    SC VETERAN

Select AUTHORIZATION FROM DATE:   1/1/88   JAN 1, 1988

The last user to enter/edit this Authorization was BLACK,JOHN.
```

Supervisor Main Menu
  Delete Reject Flag

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR - required to access this option.

Introduction

This option is used to delete reject flags previously entered through the Finalize a Batch option. Reject flags for all or individual line items within a batch may be deleted. This option should only be used on those payment items rejected in error. <u>The batch must be finalized before you can delete the reject flag.</u>

When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Example

```
Select FEE BASIS BATCH NUMBER:   141  328       C35001


NUMBER: 328                       OBLIGATION NUMBER: C35001
  TYPE: MEDICAL PAYMENTS          DATE OPENED: JUN 21, 1993
  CLERK WHO OPENED: SIRCO,LUCIA   DATE SUPERVISOR CLOSED: JUN 21, 1993
  SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA STATION NUMBER: 500
  TOTAL DOLLARS: 0                INVOICE COUNT: 0
  PAYMENT LINE COUNT: 0           DATE FINALIZED: DEC  6, 1994
  DATE CLERK CLOSED: JUN 21, 1993 DATE TRANSMITTED: JUN 21, 1993
  PERSON WHO COMPLETED: GRAY,MARY ELLEN REJECTS PENDING: YES


  STATUS: VOUCHERED


Want line items listed? NO//   YES
```

Supervisor Main Menu
Delete Reject Flag

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
            ('#' Voided Payment)                     Batch #  Voucher Date
   Vendor Name                             Vendor ID  Invoice #   Date      Rec'd.
 SVC DATE    CPT-MOD   CLAIMED       PAID    CODE  SERVICE PROVIDED
===========================================================================

Batch Number: 328    Voucher Date: 12/6/94     Voucherer: GRAY,MARY ELLEN


CHABOT,JOHN                          456-43-5678          328
   PAUL,ROCKEY                             567895411   496        6/21/93
*   5/6/93    90020       2.00        2.00        OFFICE/OP VISIT, NEW, COMPRH
       Reject Reason: TESTING
       Old Batch #: 328
---------------------------------------------------------------------------

Want to delete rejection codes for the entire Batch? NO//    YES
Are you sure you want to delete reject code for all rejected items in this
batch? NO// YES
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

Reject codes for all items have been deleted!
```

```
NUMBER: 328                        OBLIGATION NUMBER: C35001
  TYPE: MEDICAL PAYMENTS           DATE OPENED: JUN 21, 1993
  CLERK WHO OPENED: SIRCO,LUCIA    DATE SUPERVISOR CLOSED: JUN 21, 1993
  SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA STATION NUMBER: 500
  TOTAL DOLLARS: 2                 INVOICE COUNT: 1
  PAYMENT LINE COUNT: 1            DATE FINALIZED: DEC  6, 1994
  DATE CLERK CLOSED: JUN 21, 1993  DATE TRANSMITTED: JUN 21, 1993
  PERSON WHO COMPLETED: GRAY,MARY ELLEN


  STATUS: VOUCHERED




Select FEE BASIS BATCH NUMBER:
```

Supervisor Main Menu
Edit Pharmacy Invoice Status

Introduction

The Edit Pharmacy Invoice Status option is used to change the status of a pharmacy invoice. Following are the four pharmacy invoice statuses.

- PENDING PHARMACY DETERMINATION - All prescription data necessary for Pharmacy Service to make their review has been entered into the system. This includes patient name, drug name, drug strength, etc.

- PENDING MAS COMPLETION - Pharmacy Service has made their review, which includes a determination as to whether or not the prescription was for an authorized condition, whether or not it was emergent, and whether payment should be based on the generic drug price. Medical Administration Service (MAS) now needs to complete the Red Book cost, amount paid, amount suspended, etc.

- PENDING PAYMENT PROCESS - The invoice is waiting to be assigned to a Pharmacy Fee Basis batch.

- COMPLETED - The invoice has been assigned to a batch.

At most facilities, both MAS and Pharmacy Services are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

NOTE: This option is used only when the invoice status does not coincide with the lowest line item status. This should only occur when there has been a machine failure.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:      37
INVOICE STATUS: PENDING PAYMENT PROCESS//      ?
    CHOOSE FROM:
     1          PENDING PHARMACY DETERMINATION
     2          PENDING MAS COMPLETION
     3          PENDING PAYMENT PROCESS
     4          COMPLETED
INVOICE STATUS:    4          COMPLETED
```

Supervisor Main Menu
  Enter/Edit Suspension Letters

Introduction

The Enter/Edit Suspension Letters option is used to enter a new suspension letter into the system or edit an existing letter. If you are adding a new Fee Basis letter, the name must be 3-30 characters in length, not numeric or starting with punctuation. A suspension letter can also be deleted through this option.

Any time a Fee Basis payment is entered with a suspension code, it is flagged so that a suspension letter will be sent to the vendor. Suspension letters are sent to Fee Basis vendors to explain why a difference exists between the amount paid by the VA and the amount billed by the vendor. These letters are then printed through the Suspension Letter Print option. Both Medical and Pharmacy payments with suspension codes will generate suspension letters, unless the payment is for reimbursement to a patient.

Example

```
Select FEE BASIS LETTER NAME:    SAMPLE SUSPENSION
NAME: SAMPLE SUSPENSION//    <RET>
BEGINNING OF LETTER: <RET>
  1>We recently processed your invoice(s) and for various reasons adjustments
  2>had to be made to line items. The following is a list of those items
  3>that were changed and the reasons why:
  4>
EDIT Option:  <RET>
END OF LETTER:
  1>Should you have any questions regarding this letter, feel free to contact
  2>us at the VA Medical Center. Thank you for your cooperation.
  3>                             Medical Center Director
  4>                             James A Jones, MD
EDIT Option:  <RET>


Select FEE BASIS LETTER NAME:
```

Supervisor Main Menu
  Fee Schedule Main Menu
    Add/Edit Fee Schedule

Version 3.5 Changes:
A CPT modifier (optional) can be entered allowing you to break down the services to
the modifier level.

Patch FB*3.5*4 Changes: Modified Prompt:
The CPT CODE-MODIFIER field has been changed to allow more than one CPT
Modifier to be entered with a CPT code. If more than one modifier is entered, the
modifiers must be separated by commas. Three examples of valid entries would be
90201 and 90201-21 and 74020-26,32.

FBAASUPERVISOR - required to access this option.

Introduction

The Add/Edit Fee Schedule option is used to enter a Current Procedural
Terminology (CPT) code into the FEE BASIS FEE SCHEDULE file (#163.99) for
use as a default amount paid in the Outpatient Medical program.

The system internally calculates and stores the seventy-fifth percentile dollar
amount based on the amount claimed by the vendor for a specified CPT code.
Usually eight occurrences are needed for this calculation. This option may be used
in those instances where there were less than eight occurrences and you want to
input your own seventy-fifth percentile.

This option will be used to edit the amount paid if you choose to pay more than the
calculated seventy-fifth percentile for a selected CPT code for a specified fiscal year
on a regular basis. You would also use this option to enter a new CPT code during
the year where you wish to pay less than the calculated amount due to fiscal
limitations.

Supervisor Main Menu
  Fee Schedule Main Menu
    Add/Edit Fee Schedule

Example

```
Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:    90040-77
  ARE YOU ADDING '90040-77' AS A NEW FEE BASIS FEE SCHEDULE (THE 26TH)?      Y
(YES)

Select FISCAL YEAR:  1994
  ARE YOU ADDING '1994' AS A NEW FISCAL YEAR (THE 1ST FOR THIS FEE BASIS FEE
SCHEDULE)?  y  (YES)
   SEVENTY-FIFTH PERCENTILE:   25.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:    90040-77
                    CPT: OFFICE/OP VISIT, EST, BRIEF
                    MOD: REPEAT PROCEDURE BY ANOTHER PHYSICIAN

Select FISCAL YEAR: 1994//   <RET>
  FISCAL YEAR: 1994//   <RET>
   SEVENTY-FIFTH PERCENTILE: 25.00//   50.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:
```

Supervisor Main Menu
  Fee Schedule Main Menu
    Compile Fee Schedule

The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.

FBAASUPERVISOR - required to access this option.

Introduction

The Compile Fee Schedule option is used to compile the site's fee schedule based on a specified date range or fiscal year. In order to be effective, at least one year of data should be on file. At the first prompt, Beginning Date, you may enter either the fiscal year you wish to run or the beginning date of a date range.

This option populates the FEE BASIS FEE SCHEDULE file (#163.99) and is used throughout the current fiscal year to obtain amount paid default values.

Once a year, usually on or right after October 1, this option should be run to compile the fee schedule for the upcoming fiscal year based on the data from the fiscal year just ended. Since this option reviews the FEE BASIS PAYMENT file (#162) for the specified date range and the compilation will be time consuming, it should be queued for off hours. This report will represent all CPT codes that had at least eight occurrences in the fiscal year/date range you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data displayed in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Supervisor Main Menu
Fee Schedule Main Menu
Compile Fee Schedule

Example

```
                    *** DATE RANGE SELECTION ***

              Enter fiscal year or date range within fiscal year.


  Beginning Date :  1994  (1994)

DEVICE: HOME//  <RET>  Decnet    RIGHT MARGIN: 80//   <RET>
```

```
                  ****  REPORT OF FEE SCHEDULE  ****

                     For Fiscal Year 1994                      Page 1

===============================================================================

CPT-MOD   Total #        75 %  ile        Date Compiled          Date Range
  Description
===============================================================================

10001-77                 50.00          07/09/94           Add/Edit
  DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN
-------------------------------------------------------------------------------
90040-57   10            30.00          12/11/93         10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY
-------------------------------------------------------------------------------
90050     8              30.00          12/11/93         10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, LTD
-------------------------------------------------------------------------------
```

Supervisor Main Menu
   Fee Schedule Main Menu
      Print Fee Schedule

The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.

FBAASUPERVISOR - required to access this option.

Introduction

The Print Fee Schedule option is used to print a report of the fee schedule for a specified fiscal year. This report will represent all CPT codes that had at least eight occurrences in the fiscal year you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Because the output generated by this option may be lengthy and time consuming, it should be queued to print during off hours.

Supervisor Main Menu
Fee Schedule Main Menu
Print Fee Schedule

Example

```
Select Fiscal Year:  1994  (1994)

DEVICE: HOME//  <RET>  Decnet    RIGHT MARGIN: 80//   <RET>
```

```
                 ****  REPORT OF FEE SCHEDULE  ****

                      For Fiscal Year 1994                        Page 1

================================================================================

CPT-MOD   Total #       75 %  ile        Date Compiled          Date Range
  Description
================================================================================

10001-77               50.00            07/09/94             Add/Edit
  DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN
--------------------------------------------------------------------------------
90040-57   10          30.00            12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY
--------------------------------------------------------------------------------
90050      8           30.00            12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, LTD
--------------------------------------------------------------------------------
```

Supervisor Main Menu
  Finalize a Batch

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR - required to access this option.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Austin. It is used to reject certain payment items and to finalize the batch as correct. Do not reject items which Austin has accepted for payment.

Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Medical, Pharmacy, and Travel batches.

If requested, the system will display all line items in the selected batch. You may then reject the entire batch or individual line items within the batch.

When a payment item is rejected through this option, the dollar amount of that item is automatically returned to the obligation.

Example

```
Select FEE BASIS BATCH NUMBER:     218    C75020


NUMBER: 218                        OBLIGATION NUMBER: C75020
 TYPE: MEDICAL & STAT PAYMENTS      DATE OPENED: MAR  4, 1994
 CLERK WHO OPENED: BARKER,HARRY     DATE SUPERVISOR CLOSED: MAR 9, 1994
 SUPERVISOR WHO CERTIFIED: KOTCH,PATRICK     TOTAL DOLLARS: 257.36
 PAYMENT LINE COUNT: 5             DATE CLERK CLOSED: MAR  6, 1994
 DATE TRANSMITTED: APR 2, 1994     STATION NUMBER: 500



STATUS: TRANSMITTED



Want line items listed? No//    YES
```

Supervisor Main Menu
Finalize a Batch

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
           ('#' Voided Payment)                    Batch #  Voucher Date
  Vendor Name                          Vendor ID  Invoice #    Date     Rec'd.
 SVC DATE    CPT-MOD  CLAIMED   PAID   CODE  SERVICE PROVIDED
=============================================================================

DOUGLAS,PETER                   202-09-9090
   COMMUNITY HEALTH CARE                   777666555    267
     01/13/94  90887    102.12    54.00    1     SPECIAL FAMILY THERAPY

FALKOWSKI,MARION                540-20-1019
   5TH ST. CLINIC                            887656788    277
     01/29/94  91234     54.87     54.87          CONSULTATION

FALKOWSKI,MARION                540-20-1019
   5TH ST. CLINIC                            887656788    277
     02/04/94  90023     10.50     10.50          IMMUNIZATION

FALKOWSKI,MARION                540-20-1019
   5TH ST. CLINIC                            887656788    281
     02/12/94  90370     54.87     54.87          EXTENDED CARE VISIT

TREMBLONSTY,IVAN                123-123-123
   PAUL,MARTIN M.D.                          761238470    320
     01/31/94  90000     35.00     35.00          INTERMEDIATE VISIT

Want to reject the entire Batch? No//     <RET>
Want to reject any line items? No//     YES


Select FEE BASIS PATIENT NAME:   FALKOWSKI,MARION  10-24-40  540201019
```

Supervisor Main Menu
Finalize a Batch

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
           ('#' Voided Payment)                      Batch #  Voucher Date
  Vendor Name                              Vendor ID  Invoice #    Date    Rec'd.
 SVC DATE    CPT-MOD   CLAIMED    PAID   CODE  SERVICE PROVIDED
=============================================================================

FALKOWSKI,MARION              540-20-1019
   5TH ST. CLINIC                         887656788     277
1)  01/29/94  91234     54.87     54.87          CONSULTATION

FALKOWSKI,MARION              540-20-1019
   5TH ST. CLINIC                         887656788     277
2)  02/04/94  90023     10.50     10.50          IMMUNIZATION

FALKOWSKI,MARION              540-20-1019
   5TH ST. CLINIC                         887656788     281
3)  02/12/94  90370     54.87     54.87          EXTENDED CARE VISIT

Want all line items rejected for this patient? Yes//     NO
Reject which line item:   2
Are you sure you want to reject item number: 2? No//      YES
Enter reason for rejecting:   NSC CONDITION
Item Rejected, want to reject another? Yes//     NO

Select FEE BASIS PATIENT NAME:    <RET>

NUMBER: 218                    OBLIGATION NUMBER: C75020
 TYPE: MEDICAL & STAT PAYMENTS    DATE OPENED: MAR  4, 1994
 CLERK WHO OPENED: BARKER,HARRY   DATE SUPERVISOR CLOSED: MAR 9, 1994
 SUPERVISOR WHO CERTIFIED: KOTCH,PATRICK   TOTAL DOLLARS: 246.86
 PAYMENT LINE COUNT: 4            DATE CLERK CLOSED: MAR  6, 1994
 DATE TRANSMITTED: APR  2, 1994   STATION NUMBER: 500


STATUS: TRANSMITTED

Do you want to finalize Batch as Correct? No//     YES

 Batch has been finalized!


Select FEE BASIS BATCH NUMBER:
```

Supervisor Main Menu
List Batches Pending Release

Introduction

The List Batches Pending Release option is used to display all Fee Basis batches that have been closed but not yet certified by a supervisor. Batches must be released before transmittal to Austin for payment.

Example

```
DEVICE: HOME//   FEE BASIS PRINTER     RIGHT MARGIN: 80//    <RET>

                    FEE BATCHES PENDING RELEASE

Batch #   Date Closed    Clerk Who Opened           FCP-Obligation #  Total $
=========================================================================

33        08/19/93       STELLA,KAREN H              333-C33003        3295.00

29        06/01/93       STELLA,KAREN H              999-C90234        1500.00
```

Supervisor Main Menu
  MRA Main Menu
    Vendor MRA Main Menu
      Update FMS Vendor File in Austin/Reinstate Vendor MRA

Because the Update FMS Vendor File in Austin and Reinstate Vendor MRA options work the same, the following documentation refers to both options.

Vendor demographics are displayed.
New Prompt:
Is this vendor information correct?- allows you to edit vendor information before updating the FMS VENDOR file.
Prompt has been reworded to read, "*Are you sure you want to update this Vendor in the FMS and Central Fee vendor files? NO∕∕*"

FBAASUPERVISOR required to access this option.

FBAA ESTABLISH VENDOR - required to edit vendor demographics.

Introduction

The Update FMS Vendor File in Austin option creates a Master Record Adjustment (MRA) transaction which results in the updating of selected vendor demographic data in the FMS VENDOR file in Austin.

Use of this option should update the FMS VENDOR file in Austin to reflect what is currently in the DHCP system. For example, this should be used if:

•   A vendor entry is correctly entered into the FEE BASIS VENDOR file (#161.2) in DHCP, but needs to be updated in the FMS VENDOR file with the appropriate information.

•   The vendor does not yet exist on the FMS system.

WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2). It is imperative that you responsibly edit a vendor only when you are sure that the vendor information has changed, and add a vendor when you wish to designate a new office location in addition to what is already on file.

Supervisor Main Menu
  MRA Main Menu
    Vendor MRA Main Menu
      Update FMS Vendor File in Austin/Reinstate Vendor MRA

Example

```
Select FEE BASIS VENDOR NAME:   ROGERS,RODNEY, M.D.     324100000A  DOCTOR OF M
EDICINE
          1 MAIN ST
          CLARKSVILLE, NY  12043
```

```
                    ***   VENDOR DEMOGRAPHICS   ***

         Name:  ROGERS,RODNEY M.D.          ID Number: 324100000A
      Address:  1 MAIN ST                    Specialty: ENDOCRINOLOGY
         City:  CLARKSVILLE                        Type: PHYSICIAN
        State:  NEW YORK          Participation Code: DOCTOR OF MEDICINE
          ZIP:  12043            Medicare ID Number: 456789
       County:  CLINTON                         Chain:
        Phone:
          Fax:
 Austin Name:  R   ROGERS
Last Change                          Last Change
  TO Austin:  9/30/94                  FROM Austin:  9/30/94

Is this vendor information correct? No//    y  YES

Are you sure you want to update this Vendor in the FMS and Central Fee vendor
files? NO//  y  YES


Select FEE BASIS VENDOR NAME:
```

Supervisor Main Menu
  MRA Main Menu
    Vendor MRA Main Menu
      Delete Vendor MRA

The "Are you sure you want to {delete this Vendor from/reinstate this Vendor in} the Central Fee file in Austin?" prompt has been reworded to, " *Are you sure you want to place this vendor in delete status?*

A delete MRA (Master Record Adjustment) is no longer transmitted to FMS and Central Fee vendor files.

FBAASUPERVISOR required to access these options.

Introduction

The Delete Vendor MRA option is used to place vendors in DELETE status on your system when they become inactive or cancel Fee Basis care. The vendor will remain in the CENTRAL FEE file until the end of the fiscal year, at which time the vendor may be purged from Central Fee System.

If the vendor is in DELETE status on your system, but no longer resides on the Central Fee System; or the vendor is in DELETE status on both your system and the Central Fee System; or a vendor which you are now adding to your system somehow already resides in DELETE status on the Central Fee System, use the Update FMS Vendor File in Austin option.

Example

```
Select FEE BASIS VENDOR NAME:   TROY HEALTH CENTER        555666888   COMMUNITY
NURSING HOM
          678 HEALTHY LA
          ALBANY, NY  12208

Are you sure you want to place this vendor in delete status? NO//    y   YES


Vendor flagged for deletion!


Select FEE BASIS VENDOR NAME:
```

Supervisor Main Menu
   MRA Main Menu
      Vendor MRA Main Menu
        MRA'S Awaiting Austin Approval

Introduction

The MRA'S Awaiting Austin Approval option displays vendors that have an MRA action pending which is still awaiting Austin approval. This option could be used to check the validity of certain error codes that may appear in MRA Server Mail Bulletins. (Refer to Appendix C for a sample MRA Server Bulletin. Refer to Appendix F for information about Vendor Error Codes.)

Records with no date transmitted indicate an MRA has been initiated, but the transmission has not left the local station yet.

Example

```
DEVICE: HOME//  <RET>  Decnet    RIGHT MARGIN: 80//   <RET>


                  FEE BASIS VENDORS AWAITING AUSTIN APPROVAL
                               12/15/94
                  -------------------------------------------

VENDOR                              ID          DATE TRANSMITTED TO AUSTIN
===========================================================================


DRAPER DRUGS                        142358749            11/19/94
     2321 DRAPER AVE
     GUILDERLAND  NY   12333

HARBOR RADIOLOGY                    778990066            11/29/93
     666 GULL RD
     ABERDEEN  WA   98520
```

Supervisor Main Menu
  MRA Main Menu
    Veteran MRA Main Menu

Introduction

The Veteran MRA (Master Record Adjustment) Main Menu consists of the following four options:

1. Add type Veteran MRA
2. Change type Veteran MRA
3. Delete type Veteran MRA
4. Reinstate type Veteran MRA

Due to the similarity of these options, documentation has been combined. These options all work basically the same except for the action taken. Add and Change type adjustments are created automatically when you enter a new authorization or change data in an existing authorization (not including authorization remarks or diagnosis lines). These Veteran MRA options are to be used when automatic MRA fails. The Delete and Reinstate adjustments are not created automatically and any action would have to be accomplished through these options. Patient MRAs are not created for short term authorizations. There is no change to DHCP when these options are utilized.

When you choose one of the Veteran MRA options, an entry is made in the FEE BASIS PATIENT MRA file (#161.26) and when the Fee system automatically runs the program to send the transactions to Austin, the MRA transactions are created and sent with the payment data for that date.

Supervisor Main Menu
  MRA Main Menu
    Veteran MRA Main Menu

Example
Because all options within this menu have the same basic prompts, only one
example is provided.

```
Select Patient:  ACKERLEY,DENNIS        08-14-55    078460348    SC VETERAN

ACKERLEY,DENNIS                          Pt.ID: 078-46-0348
12 ANY ST.                                 DOB: AUG 14,1955
MANCHESTER                                 TEL: Not on File
NEW HAMPSHIRE 12111                    CLAIM #: 078460348
                                        COUNTY: GRAFTON


Primary Elig. Code: SC LESS THAN 50%  --  NOT VERIFIED
Other Elig. Code(s): SHARING AGREEMENT


        SC Percent: 20%
 Rated Disabilities: DIABETES (20%-SC)

    Health Insurance: NO
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires
    =======================================================================
    No Insurance Information
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
```

```
Patient Name: ACKERLEY,DENNIS                        Pt.ID: 078-46-0348

AUTHORIZATIONS:
   (1) FR: 04/26/93      VENDOR: LES TEST - 987654329AA
       TO: 04/28/93

                        Authorization Type: CIVIL HOSPITAL
           Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                        >> Unauthorized Claim <<
         DX: CAD
       County: GRAFTON                   PSA: BAY PINES, FL

VENDOR CONTACTS:
   (1) DATE: 09/15/93   VENDOR: PRIVATE HOSPITAL      PHONE: 334-5656
           NARRATIVE:
                   CONTACTED BY MAXINE IN BILLING TO CONFIRM
                   VETERAN'S ELIGIBILITY AND AUTHORIZATION.

Is this the correct Authorization period (Y/N)? Yes//     <RET>


Are you sure you want to create a 'Add' type MRA for this patient: Yes//     <RET>
Transaction Created!
```

Supervisor Main Menu
  MRA Main Menu
    Re-Transmit MRA's

⊶̄ FBAASUPERVISOR - required to access this option.

Introduction

This option is used to retransmit MRAs for a specific date. This option is used when Austin does not receive the original transmission.

Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs are kept on file until a confirmation is received from the vendorizing unit. The purge option will not affect the vendor MRAs.

Example

```
Re-transmit MRA's for which date:    091593  (SEP 15, 1993)

                 Re-Transmitting

...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
```

Supervisor Main Menu
  MRA Main Menu
    Purge Transmitted MRAs

⌐○╼ⱬ FBAASUPERVISOR - required to access this option.

Introduction

The Purge Transmitted MRAs option is used to purge all veteran MRAs on file which are <u>prior</u> to the date specified. Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs will be purged only if there is still an old reinstate or delete transaction in the FEE BASIS VENDOR CORRECTIONS file (#161.25). These entries would only exist from transactions prior to Fee Basis V. 3.0.

This option should only be used when you are certain Austin has accepted your MRA transmissions.

Example

```
Purge Veteran and Vendor MRA's transmitted PRIOR to:       6/5/94    (JUN 05, 1994)
                         Deleting....


                  Total Veteran MRA's deleted: 46
                  Total Vendor MRA's deleted: 38
```

Supervisor Main Menu
Pricer Batch Release

⚡ This option is no longer locked.

Introduction

The Pricer Batch Release option is used to review and release payments for transmission to the Austin Pricer to be grouped and priced.

Batches must be released to the pricer before being queued for transmission. Batches released through this option will have a status of SUPERVISOR CLOSED.

Example

```
Select FEE BASIS BATCH NUMBER:      983           C77777


NUMBER: 983                         OBLIGATION NUMBER: C77777
  TYPE: CH/CNH                      DATE OPENED: JUL 16, 1990
  CLERK WHO OPENED: BLACK,JOHN      STATION NUMBER: 500
  TOTAL DOLLARS:  3450              INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2             DATE CLERK CLOSED: JUL 16, 1990
  CONTRACT HOSPITAL BATCH: yes      BATCH EXEMPT: NO

  STATUS: CLERK CLOSED




Want line items listed? No//    <RET>

Do you want to Release Batch as Correct? No//      Y
```

```
NUMBER: 983                         OBLIGATION NUMBER: C77777
  TYPE: CH/CNH                      DATE OPENED: JUL 16, 1990
  CLERK WHO OPENED: BLACK,JOHN      DATE SUPERVISOR CLOSED: JUL 16, 1990
  SUPVR WHO CERTIFIED: DOE, PAUL    STATION NUMBER: 500
  TOTAL DOLLARS: 3450               INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2             DATE CLERK CLOSED: JUL 16, 1990
  CONTRACT HOSPITAL BATCH: yes      BATCH EXEMPT: NO


  STATUS: SUPERVISOR CLOSED


Batch has been Released!
```

Supervisor Main Menu
  Print Rejected Payment Items

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print <u>all</u> Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.

Example

```
DEVICE: HOME//  FEE BASIS PRINTER   RIGHT MARGIN: 80//    <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//    Y  (YES)

Requested Start Time: NOW//   <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
           ('#' Voided Payment)                      Batch #  Voucher Date
  Vendor Name                         Vendor ID  Invoice #    Date     Rec'd.
 SVC DATE   CPT-MOD   CLAIMED      PAID   CODE   SERVICE PROVIDED
=============================================================================
Batch Number: 341   Voucher Date: 7/27/93    Voucherer: SIRCO,LUCIA

CHABOT,JOHN                       456-43-5678          341
   MARCUS WELBY MD                          456765888   523         7/27/93
    6/1/93   90010       52.00     52.00      OFFICE/OP VISIT, NEW, LTD
        Reject Reason: DUPLICATE PAYMENT
        Old Batch #: 341
Batch Number: 329   Voucher Date: 6/21/93    Voucherer: SIRCO,LUCIA

CHABOT,JOHN                       456-43-5678          329
   BEN CASEY                            567895411   497         6/21/93
    4/5/93   10080-20   75.00     75.00      DRAINAGE OF PILONIDAL CYST
        Reject Reason: WRONG VENDOR
        Old Batch #: 329
```
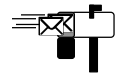
Supervisor Main Menu
  Queue Data for Transmission

FBAASUPERVISOR - required to access this option.

This option creates MailMan messages which contain the batch data to be transmitted. The FEE mail group will receive confirmation messages and reports from Austin.

Introduction

The Queue Data for Transmission option is used to transmit Fee Basis payment and MRA (master record adjustment) batches to the Central Fee System in Austin, Texas. All pending MRAs are batched automatically and transmitted. Only those payment batches that have been released by a supervisor can be transmitted.

Each batch is sent in electronic MailMan message form. The option creates MailMan messages, shown in your "IN" basket, which contain the batch data to be transmitted. You may query the message to obtain the status of the transmittal. The system will continue to attempt to send the data until it is actually transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Please refer to Appendix G at the end of this manual for sample MailMan messages received as a result of payment and MRA data transmission to Austin, and a description of the format and content.

Example

```
This option will transmit all Batches and MRAs ready to be transmitted to
Austin.

Are you sure you want to continue? No//     YES

The following Batches will be transmitted:
350
  ...SORRY, THIS MAY TAKE A FEW MOMENTS..
```

Supervisor Main Menu
Re-initiate Rejected Payment Items

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Supervisor Main Menu
Re-initiate Rejected Payment Items

Example

```
Select Batch with Rejects:     169        C46335

Select New Batch number:      999        C64838

Want line items listed? No//    YES
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
           ('#' Voided Payment)                     Batch #   Voucher Date
  Vendor Name                            Vendor ID  Invoice #     Date    Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID    CODE   SERVICE PROVIDED
============================================================================

Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY


LENNON,MARCUS                       381-05-0505
   BARNABY,JARED, M.D.                      271172711   190
    12/15/94    90060    75.00    60.00    1       OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE
         Old Batch #: 16

LENNON,MARCUS                       381-05-0505
   BARNABY,JARED, M.D.                      271172711   190
    12/30/94    90060    75.00    60.00    1       OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE
         Old Batch #: 16

COURT,PATRICIA                      234-23-4234
   PARKER,ALLISON, M.D.                     341234143   198
    01/10/94    80908    50.00     50.00           CONSULTATION,BRIEF
         Reject Reason:  BATCH OUT OF BALANCE
         Old Batch #: 16
-------------------------------------------------------------------------

Want to re-initiate all rejected items in the Batch? No//    YES

Are you sure you want to re-initiate all line items in this
batch? No//  YES

 ....SORRY, I'M WORKING AS FAST AS I CAN....

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Supervisor Main Menu
Release a Batch

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

Example

```
Select FEE BASIS BATCH NUMBER:    276          C15004


NUMBER: 276                           OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS              DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: HENSLER,BARBARA   STATION NUMBER: 500
  TOTAL DOLLARS: 10                   PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993


  STATUS: CLERK CLOSED


Want line items listed? NO//   y  YES
```

Supervisor Main Menu
Release a Batch

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
          ('#' Voided Payment)                      Batch #  Voucher Date
  Vendor Name                            Vendor ID  Invoice #    Date    Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE   SERVICE PROVIDED
=============================================================================


MILLER,KERRY                      321-65-4987           276
   SIRCO,JOSEPH                            111222333   493         6/21/93
    5/22/93   90020       10.00     5.00    4    OFFICE/OP VISIT, NEW, COMPRH


              Invoice #: 493   Totals: $ 5.00

CHABOT,JOHN                       456-43-5678           276
   PUCK,HENRY                              567895411   495         6/21/93
*  5/1/93    90020        5.00     5.00         OFFICE/OP VISIT, NEW, COMPRH


              Invoice #: 495   Totals: $ 5.00
Do you want to Release Batch as Correct? NO//     y   YES


NUMBER: 276                           OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS              DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: HENSLER,BARBARA   STATION NUMBER: 500
  TOTAL DOLLARS: 10                   PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993     DATE SUPERVISOR CLOSED: JUN 23, 1993
  SUPERVISOR WHO CERTIFIED: GRAY,MARY ELLEN

  STATUS: SUPERVISOR CLOSED


Batch has been Released!
```

Supervisor Main Menu
  Request Info File Enter/Edit

Introduction

The Request Info File Enter/Edit option is used to enter/edit data in the Fee Basis Unauthorized Requested Information file (# 162.93). Enter <??> at the "Select fee basis unauthorized requested information reason:" prompt for a list of existing reasons. You may edit an existing reason, or enter a new one.

Example

```
Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON:     INPATIENT RECORDS
MISSING
  ARE YOU ADDING 'INPATIENT RECORDS MISSING' AS
    A NEW FEE BASIS UNAUTHORIZED REQUESTED INFORMATION (THE 17TH)?     Y  (YES)
   FEE BASIS UNAUTHORIZED REQUESTED INFORMATION NUMBER: 17//     <RET>
REASON: INPATIENT RECORDS MISSING  Replace     <RET>
ACTIVE?:  YES
DESCRIPTION:
  1>Inpatient records missing for an episode of care.
  2><RET>
EDIT Option:  <RET>

Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON:
```

Supervisor Main Menu
  Site Parameter Enter/Edit

⌐☐ FBAASUPERVISOR - required to access this option.

Introduction

The Site Parameter Enter/Edit option is used to enter or edit site specific Fee Basis parameters. After the data is entered, you may not add another site as only one entry (site) is allowed. You are able to edit the data for the existing site.

Following is a list of site configurable parameters with brief descriptions.

STATION OF JURISDICTION NAME: - The name of the Clinic of Jurisdiction (COJ) for which these site parameters are defined. There can be only one entry in this file.

STATION ADDRESS LINE 1: - Street address line 1 of this COJ. This data will be printed on the VA Form 10-7079 authorization.

STATION ADDRESS LINE 2: - Street address line 2 of this COJ. This address line will also print on the VA Form 10-7079 authorization.

STATION ADDRESS LINE 3: - Line 3 of the COJ's street address.

CITY: - The city in which the COJ receives its mail.

STATE: - The state in which the COJ's mailing address resides.

ZIP: - Zip code for the COJ.

STATION TELEPHONE NUMBER: - The telephone number to which fee inquiries should be directed.

APPROVING OFFICIAL FOR 7079: - The name of the approving official authorizing fee services. This name will be printed on the VA Form 10-7079 authorization.

TITLE OF APPROVING OFFICIAL: - The title of the approving official, which will also be printed on the VA Form 10-7079 authorization.

Supervisor Main Menu
 Site Parameter Enter/Edit

Introduction, cont.

MEDICAID DISPENSING FEE: - The dollar amount of the Medicaid dispensing fee for this COJ. Dispensing fees, which are approved by Medicaid, vary from COJ to COJ.

MEDICAL PAYMENT VENDOR DISPLAY: - This parameter is used to indicate whether the vendor's demographic data will be displayed and made editable during the entering of a medical payment.

PHARMACY PAYMNT VENDOR DISPLAY: - If answered YES, the vendor demographics will be displayed during the Enter Pharmacy Invoice option.

DEFAULT AUTH. TIME RANGE: - The number of days that is the usual long term authorization. The data entered here will be added to the Authorization FROM DATE and that date will become the default TO DATE for the authorization. For example, if the normal long term authorization is one year, 365 would be entered in this parameter.

ASK VENDOR DURING AUTH.: - If answered YES, a vendor is asked when using the Enter Authorization option.

MAX # PAYMENT LINE ITEMS: - The maximum number of payment line items that will be allowed in a batch. Any number between 1 and 100 is acceptable. This value is checked during the Enter Payment options, and will warn the users when they are within 20 of the maximum. It will prevent the users from exceeding this number.

EDIT AUTH. DURING PAYMENT: - This field is used to indicate that editing of the AUTHORIZATION REMARKS field and the 3 DX fields is allowed during the Enter Payment options. It is normally used for six months immediately after installing the fee system, because the AUTHORIZATION REMARKS and DX data was not available for downloading from the Central Fee System.

*ASK PROGRAM SPECIFIC AUTH.: - A YES answer to this site parameter will show only those authorizations that are program specific. An example would be the display for selection of only Community Nursing Home authorizations when entering CNH payments.

APPROVING OFFICIAL FOR 7078: - The default approving official for VA Form 10-7078s.

Supervisor Main Menu
  Site Parameter Enter/Edit

Introduction, cont.

TITLE 7078 APPROVING OFFICIAL: - The title of the default approving official for VA Form 10-7078s.

COPIES OF 7078 TO BE PRINTED: - Indicates the default number of copies to be printed for each VA Form 10-7078 generated.

PSA DEFAULT INSTITUTION: - The station number for the transmission of data to Austin is determined using this field. In most cases, your facility should be entered.

7078 DEFAULT AUTH SERVICE TEXT: - A free text entry for special remarks, instructions, etc. pertaining to the authorization which will appear in Section 6 of VA Form 10-7078.

TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: - Indicate whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. Your response is a numeric character, with 1 equal to YES, and 0 equal to NO.

'INITIAL ENTRY' STATUS FOR U/C: - If this field is filled in, minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc. Your response is the numeric character 1 to activate; otherwise, leave blank.

UNAUTHORIZED CLAIM PRINTER: - Select a printer device name. NOTE: This is not a pointer field. The exact name must be entered.

UNAUTHORIZED CLAIM LETTER: - Indicate how you wish your unauthorized claim letters to print. Enter "A" if the Unauthorized Claim Printer is dedicated, and you always wish a letter to print when it has been changed to the appropriate status. Enter "B" if the Unauthorized Claim Printer is not dedicated, or you wish to batch print letters of claims which have changed to the appropriate status. Do not enter anything if you will be manually generating your own form letter.

NUMBER OF COPIES: - The number of copies of a letter to be printed. Maximum number of copies allowed is five.

Supervisor Main Menu
  Site Parameter Enter/Edit

Introduction, cont.

PRINT U/C ON LETTERHEAD?: - Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.

STATION NAME (EDITABLE): - This is the first line of the return address. The data pulled from Field #.01, and can be edited at this prompt.

Example

```
Select Site:   VA MEDICAL CENTER, BUFFALO, NY
   ARE YOU ADDING 'VA MEDICAL CENTER, BUFFALO, NY' AS A NEW
   FEE BASIS SITE PARAMETERS (THE    lST)?  YES  (YES)
STATION OF JURISDICTION NAME: VA MEDICAL CENTER, BUFFALO, NY//     <RET>
STATION ADDRESS LINE 1:    495 BAILEY AVENUE
STATION ADDRESS LINE 2:    <RET>
STATION ADDRESS LINE 3:    <RET>
CITY:   BUFFALO
STATE:   NEW YORK
ZIP:   14095
STATION TELEPHONE NUMBER:    607 456-2345
APPROVING OFFICIAL FOR 7079:    JAMES P. CARTWRIGHT
TITLE OF APPROVING OFFICIAL:    CHIEF, MAS.
MEDICAID DISPENSING FEE:    5.50
MEDICAL PAYMENT VENDOR DISPLAY:    YES
PHARMACY PAYMENT VENDOR DISPLAY:     YES
DEFAULT AUTH. TIME RANGE:    365
ASK VENDOR DURING AUTH:    YES
MAX # PAYMENT LINE ITEMS:    50
EDIT AUTH. DURING PAYMENT:    NO
*ASK PROGRAM SPECIFIC AUTH:    YES
APPROVING OFFICIAL FOR 7078:    JAMES P. CARTWRIGHT
TITLE 7078 APPROVING OFFICIAL:    CHIEF, MAS.
COPIES OF 7078 TO BE PRINTED:    1
PSA DEFAULT INSTITUTION:    BUFFALO
7078 DEFAULT AUTH SERVICE TEXT:
  1>Move to VAMC as soon as possible
EDIT Option:  <RET>
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: YES//    <RET>
'INITIAL ENTRY' STATUS FOR U/C:    <RET>
UNAUTHORIZED CLAIM PRINTER:    <RET>
UNAUTHORIZED CLAIM LETTER: AUTOMATIC PRINT//    <RET>
NUMBER OF COPIES: 1//   <RET>
PRINT U/C ON LETTERHEAD?:    <RET>
STATION NAME (EDITABLE):   VAMC BUFFALO NY// <RET>
Select Site:
```

Supervisor Main Menu
  Void Payment Main Menu
    CH Delete Void Payment

Introduction

The CH Delete Void Payment option is used to remove a void flag from a Civil Hospital payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```
Select Patient:   ADAMS,MICHAEL   06-17-48   552996543   SC VETERAN

Select FEE BASIS VENDOR NAME:   MEDICAL CENTER      987561234   PRIVATE HOSPITAL
        31 NOWHERE CIRCLE
        LOWELL,  MASSACHUSETTS  01852-0123
        TEL. #:  45441477
```

```
Patient Name: ADAMS,MICHAEL                      Pt.ID 552-99-6543

  VENDOR: MEDICAL CENTER
        ('*' Represents Reimbursement to Patient)
        ('#' Represents a Voided Payment)
   FROM DATE    TO DATE    DRG    AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
-----------------------------------------------------------------------------
1) *09/01/92   09/04/92  DRG45   3,467.00     3,462.00        7          11
   Reason:
        VENDOR RETURNED CHECK
Which payment item(s) would you like to Cancel the void on ?
Enter a list or range of numbers (1-1):      1

Patient Name: ADAMS,MICHAEL                      Pt.ID 552-99-6543

  VENDOR: GOOD TIME NURSING HOME
        ('*' Represents Reimbursement to Patient)
        ('#' Represents a Voided Payment)
   FROM DATE    TO DATE    DRG    AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
-----------------------------------------------------------------------------
   *09/01/92   09/04/92  DRG45   3,467.00     3,462.00        7          11

Are you sure you want to Cancel the void on the payment(s)? No//     Y
        Cancel Voided payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
    ...   Done
```

Supervisor Main Menu
  Void Payment Main Menu
    CH Void Payment

Introduction

This option is used to void a Civil Hospital payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
Select FEE BASIS PATIENT NAME:    AGOSTINO,DOMENICK         01-06-13      00801065
SC VETERAN
Select FEE BASIS VENDOR NAME:    BASIC GENERAL HOSPITAL        7463254956  NON-VA
HOSPITAL
          1 SIMPLE WAY
          JACKSON, VT  02131    TEL. #:  802-431-2847

Patient Name: AGOSTINO,DOMENICK                    Pt.ID 008-01-0645

  VENDOR: BASIC GENERAL HOSPITAL
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID   INVOICE #   BATCH #
---------------------------------------------------------------------------------

1) 11/1/94     11/3/94   DRG1    2,500.00        2,500.00      275         170
Which payment item(s) would you like to Void ?
Enter a list or range of numbers (1-1):    1

Patient Name: AGOSTINO,DOMENICK                    Pt.ID 008-01-0645

  VENDOR: BASIC GENERAL HOSPITAL
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID   INVOICE #   BATCH #
---------------------------------------------------------------------------------
   11/1/94     11/3/94   DRG1    2,500.00        2,500.00      275         170

Are you sure you want to Void the payment(s)? No//    YES
REASON FOR VOIDED PAYMENT:   CHECK RETURNED BY VENDOR
         Void payment for AGOSTINO,DOMENICK
You must adjust control point accordingly through IFCAP!
     .... Done.
```

Supervisor Main Menu
  Void Payment Main Menu
    CNH Delete Void Payment

Introduction

The CNH Delete Void Payment option is used to remove a void flag from a Community Nursing Home payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
Select Patient:    ADAMS,MICHAEL   06-17-48   552996543   SC VETERAN

Select FEE BASIS VENDOR NAME:   GOOD TIME NURSING HOME      987561234   COMMUNITY
NURSING HOME
          31 NOWHERE CIRCLE
          LOWELL,  MASSACHUSETTS  01852-0123
          TEL. #:  45441477
```

```
Patient Name: ADAMS,MICHAEL                      Pt.ID 552-99-6543
  VENDOR: GOOD TIME NURSING HOME
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE    DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
------------------------------------------------------------------------------
1) *09/01/92    09/04/92   DRG45    3,467.00      3,462.00         7        11

Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-1):     1

Patient Name: ADAMS,MICHAEL                      Pt.ID 552-99-6543

  VENDOR: GOOD TIME NURSING HOME
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE    DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
------------------------------------------------------------------------------
   *09/01/92    09/04/92   DRG45    3,467.00      3,462.00         7        11
   Reason:
        CHECK RETURNED

Are you sure you want to Cancel the void on the payment(s)? No//     Y
        Cancel Voided payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
    ...  Done
```

Supervisor Main Menu
  Void Payment Main Menu
    CNH Void Payment

Introduction

This option is used to void a Community Nursing Home payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
Select FEE BASIS PATIENT NAME:   ADAMS,MICHAEL   06-17-48  552996543  SC VETERAN

Select FEE BASIS VENDOR NAME:   GOOD TIME NURSING HOME     987561234  COMMUNITY
NURSING HOME
         31 NOWHERE CIRCLE
         LOWELL,  MASSACHUSETTS  01852-0123
         TEL. #:  45441477
```

```
Patient Name: ADAMS,MICHAEL                    Pt.ID 552-99-6543

  VENDOR: GOOD TIME NURSING HOME
         ('*' Represents Reimbursement to Patient)
         ('#' Represents a Voided Payment)
   FROM DATE     TO DATE    DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
--------------------------------------------------------------------------------
1) *09/01/92    09/04/92   DRG45    3,467.00      3,462.00        7        11

Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-1):    1

Patient Name: ADAMS,MICHAEL                    Pt.ID 552-99-6543
  VENDOR: GOOD TIME NURSING HOME
         ('*' Represents Reimbursement to Patient)
         ('#' Represents a Voided Payment)
   FROM DATE     TO DATE    DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
--------------------------------------------------------------------------------
   *09/01/92    09/04/92   DRG45    3,467.00      3,462.00        7        11

Are you sure you want to Void the payment(s)? No//    Y
REASON FOR VOIDED PAYMENT:   CHECK RETURNED BY VENDOR
         Void payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
     ...  Done
```

Supervisor Main Menu
 Void Payment Main Menu
  Medical Delete Void Payment

Introduction

The Medical Delete Void Payment option is used to remove a void flag from a Medical payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
Select Patient:  ADAMS,MICHAEL   06-17-48   552996543   SC VETERAN


Select FEE BASIS VENDOR NAME:   DEMETRI,JEREMY MD   111888666
DOCTOR OF MEDICINE
```

```
Patient Name: ADAMS,MICHAEL               SSN:  552996543

  VENDOR: DEMETRI,JEREMY MD
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
SVC DATE   CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
----------------------------------------------------------------------

1)#04/01/90  90050   $ 25.00     $ 25.00           1126    963   07/06/90

Which payment item(s) would you like to Cancel the void on?
Enter a list or range of numbers (1-1):     1

Patient Name: ADAMS,MICHAEL               SSN:  552996543

  VENDOR: DEMETRI,JEREMY MD
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
SVC DATE   CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
----------------------------------------------------------------------
04/01/90     90050     25.00        25.00           1126    963   07/06/90


Are you sure you want to Cancel the void on the payment(s)? No//     Y
          Cancel Voided payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
     ...  Done
```

Supervisor Main Menu
  Void Payment Main Menu
    Medical Void Payment

Introduction

The Medical Void Payment option is used to void a payment that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
Select Patient:   ADAMS,MICHAEL    06-17-48    552996543    SC VETERAN

Select FEE BASIS VENDOR NAME:    DEMETRI,JEREMY MD    111888666
DOCTOR OF MEDICINE
```

```
Patient Name: ADAMS,MICHAEL                SSN:  552996543

  VENDOR: DEMETRI,JEREMY MD
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
SVC DATE   CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
-----------------------------------------------------------------------
1) 04/01/90  90050   $ 25.00     $ 25.00           1126    963   07/06/90
2) 03/10/90  90050   $ 25.00     $ 25.00           1125    963   07/06/90
Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-2):  1

Patient Name: ADAMS,MICHAEL                SSN:  552996543

  VENDOR: DEMETRI,JEREMY MD
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
SVC DATE   CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
-----------------------------------------------------------------------
04/01/90     90050     25.00        25.00           1126    963   07/06/90

Are you sure you want to Void the payment(s)? No//      Y
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
        Void payment for ADAMS,MICHAEL
You must adjust control point accordingly through IFCAP!
    ...  Done
```

Supervisor Main Menu
Void Payment Main Menu
  Pharmacy Delete Void Payment

Introduction

The Pharmacy Delete Void Payment option is used to remove a void flag from a
Pharmacy payment.

It is important to remember that you must subtract the dollar amount of the voided
payment from the obligation through the appropriate IFCAP option.

Example

```
Select Invoice number:   15

Select Prescription # :      55535

PRESCRIPTION NUMBER: 55535           DRUG NAME: TYE
  DATE PRESCRIPTION FILLED: MAY 28, 1993
  AMOUNT CLAIMED: 1.00                PATIENT: SMITH,FRED X
  RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
  LINE ITEM STATUS: COMPLETED         GENERIC DRUG: AZATHIOPRINE 50MG TAB
  PHARMACY DETERMINATION: APPROVED FOR PAYMENT
  STRENGTH: 15MG                      QUANTITY: 03
  PHARMACIST: MARTIN,MICHAEL          DATE OF DETERMINATION: MAY 28, 1993
  AMOUNT PAID: 1.00                   BATCH NUMBER: 27
  OBLIGATION NUMBER: C93004           DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
  PAYMENT TYPE CODE: VENDOR           SUBSTITUTE GENERIC DRUG: Yes
  PHARMACY REMARKS: APPROVED          MANUFACTURER: LILLY
  PRIMARY SERVICE FACILITY: ALBANY    AUTHORIZATION POINTER: 1

Is this the prescription you want to Cancel the void on ? NO//     Y  YES
        Cancel Voided payment for SMITH,FRED X
You must adjust control point accordingly through IFCAP!
    ...  Done.
```

Supervisor Main Menu
  Void Payment Main Menu
    Pharmacy Void Payment

Introduction

The Pharmacy Void Payment option is used to void a payment to a pharmacy
vendor that has already been finalized. This option allows you to retain the
payment history, yet void the payment. It could be used in a case where a payment
check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided
payment back into the obligation through the appropriate IFCAP (Integrated Funds
Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```
Select Invoice number:   15

Select Prescription # :   55535


PRESCRIPTION NUMBER: 55535              DRUG NAME: TYE
  DATE PRESCRIPTION FILLED: MAY 28, 1993
  AMOUNT CLAIMED: 1.00                  PATIENT: SMITH,FRED X
  RED BOOK COST: .85                    AMOUNT SUSPENDED: 0
  LINE ITEM STATUS: COMPLETED           GENERIC DRUG: AZATHIOPRINE 50MG TAB
  PHARMACY DETERMINATION: APPROVED FOR PAYMENT
  STRENGTH: 15MG                        QUANTITY: 03
  PHARMACIST: MARTIN,MICHAEL            DATE OF DETERMINATION: MAY 28, 1993
  AMOUNT PAID: 1.00                     BATCH NUMBER: 27
  OBLIGATION NUMBER: C93004             DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
  PAYMENT TYPE CODE: VENDOR             SUBSTITUTE GENERIC DRUG: Yes
  PHARMACY REMARKS: APPROVED            MANUFACTURER: LILLY
  PRIMARY SERVICE FACILITY: ALBANY    AUTHORIZATION POINTER: 1

Is this the prescription you want to Void? NO//    Y  YES
REASON FOR VOIDED PAYMENT:   PATIENT'S PRESCRIPTION CHANGED
         Void payment for SMITH,FRED X
You must adjust control point accordingly through IFCAP!
    ...  Done.
```

Terminate ID Card

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Terminate ID Card option is used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
Select PATIENT NAME:   4877  BACON,JOSEPH     12-12-14   106104877   SC VETERAN


BACON,JOSEPH                             Pt.ID: 106-10-4877
2344 HELP ST.                              DOB: 12/12/14
RED CROSS CITY                             TEL: Not on File
OKLAHOMA 11235                         CLAIM #: Not on File
                                        COUNTY: POTTAWATOMIE

Primary Elig. Code: SC LESS THAN 50%  --  PENDING VERIFICATION
  Other Elig. Code(s): AID & ATTENDANCE
                       NSC, VA PENSION
                       HUMANITARIAN EMERGENCY
                       HOUSEBOUND

  Service Connected: NO
 Rated Disabilities: NONE STATED

   Health Insurance: YES
   Insurance Co.    Subscriber ID    Group      Holder  Effective Expires
   =====================================================================
   BLUE CROSS BLUE  282828282        12345      SELF    4/1/93    3/31/95
   AETNA            29292277777      0987594    OTHER   1/1/94    12/31/94
Want to add NEW insurance data? No//    <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

Terminate ID Card

Example, cont.

```
Fee ID Card #: 1346464                   Fee Card Issue Date: 06/17/93

Patient Name: BACON,JOSEPH                           Pt.ID: 106-10-4877

AUTHORIZATIONS:
   (1) FR: 04/16/94      VENDOR: Not Specified
       TO: 04/19/94
                          Authorization Type: Outpatient - ID Card
             Purpose of Visit: OPT - SC LESS THAN 50%
          DX: DEPRESSION              PTSD
          County: POTTAWATOMIE        PSA: MUSKOGEE, OK

   (2) FR: 07/01/93      VENDOR: ANOTHER TEST - 8759760657
       TO: 06/30/96
                          Authorization Type: Outpatient - Short Term
             Purpose of Visit: COMPENSATION AND PENSION EXAM
          DX: PTSD
          County: POTTAWATOMIE        PSA: NORTHAMPTON, MA


Fee ID Card #: 1346464
Are you sure you want to terminate this ID Card? No//    YES
TERMINATION REASON:  PATIENT'S WALLET CONTAINING ID CARD WAS STOLEN.  NEW CARD
ISSUED.
```

Vendor Menu
  Display, Enter, Edit Demographics

 Version 3.5 Changes:
The MEDICARE ID NUMBER: prompt now appears after the PRICER EXEMPT:
prompt for Civil Hospital vendors.

 Patch FB*3.5*9 Changes: New prompts:
*BUSINESS TYPE (FPDS):*Business type for FPDS reporting purposes.
*Select SOCIOECONOMIC GROUP (FPDS):*Socioeconomic group for FPDS
reporting purposes. More than one value can be entered at this prompt.

 FBAA ESTABLISH VENDOR - required to enter a new vendor into the
system or edit existing vendor data. It is not possible to delete a vendor from the
FEE BASIS VENDOR file (#161.2).

Introduction

The Display, Enter, Edit Demographics option is used to display vendor
demographics, enter a new vendor into the system or edit data on an existing
vendor.

A vendor is any provider of care. Doctors, hospitals, clinics, pharmacies, nurses and
physical therapists are typical vendors. The vendor must be entered into the
system before any Fee Basis payments can be made.

The Fee Basis Vendor ID Number is usually the individual's social security number
or the clinic's or hospital's tax ID number. A group of physicians may be in the
system under one ID number if they are incorporated (i.e. Dermatology Assocs.,
P.C. or Capital District Urologists, P.C.). A pharmacy chain may have all their
stores entered with the same ID number and then have the individual stores
identified by up to a 4-digit chain store number.

WARNING: **Any changes which you make to a vendor will affect all other
sites which have this vendor in their FEE BASIS VENDOR file (#161.2).**

Vendor Menu
Display, Enter, Edit Demographics

Example

```
Select FEE BASIS VENDOR NAME:   CAPITAL DISTRICT PSYCHIATRIC CENTER
  Are you adding 'CAPITAL DISTRICT PSYCHIATRIC CENTER' as
   a new FEE BASIS VENDOR (the 1322ND)? No//    Y  (Yes)
   FEE BASIS VENDOR ID NUMBER:  123456789
   FEE BASIS VENDOR TYPE OF VENDOR:   8   OTHER
   FEE BASIS VENDOR PART CODE:   6   NON-VA HOSPITAL         06
   FEE BASIS VENDOR CHAIN:   <RET>
NAME: CAPITAL DISTRICT PSYCHIATRIC CENTER  Replace     <RET>
ID NUMBER: 123-45-6789//   <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'):   T   TAX ID NUMBER
TYPE OF VENDOR: OTHER//   <RET>
BUSINESS TYPE (FPDS):   L   LARGE BUSINESS
Select SOCIOECONOMIC   GROUP (FPDS): LV             VETERAN-OWNED LARGE BUSINESS
  Are you adding 'LV' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No//   Y
  (Yes)
Select SOCIOECONOMIC GROUP (FPDS):   <RET>
PART CODE: NON-VA HOSPITAL//   <RET>
STREET ADDRESS:  123 SECOND ST
STREET ADDRESS 2:  <RET>
CITY: TROY
STATE:  NY  NEW YORK
ZIP CODE:  12180
COUNTY: RENSSELAER         083
PHONE NUMBER:  518-271-1234
FAX NUMBER:  518-271-1200
PRICER EXEMPT : Y  (YES)
MEDICARE ID NUMBER:  191817
```

```
                *** VENDOR DEMOGRAPHICS ***
                ==> AWAITING AUSTIN APPROVAL <==


     Name:  CAPITAL DISTRICT PSYCHIATRIC C    ID Number: 123456789
  Address:  123 SECOND ST                       Specialty:
     City:  TROY                                     Type: OTHER
    State:  NEW YORK               Participation Code: NON-VA HOSPITAL
      ZIP:  12180                  Medicare ID Number: 191817
   County:  RENSSELAER                             Chain:
    Phone:  518-271-1234
      Fax:  518-271-12000                    Pricer Exempt: Yes
Type (FPDS):  LARGE BUSINESS              Group (FPDS): VETERAN-OWNED LARGE B
 Austin Name:
 Last Change                           Last Change
   TO Austin:                            FROM Austin:
```

Vendor Menu
  Display, Enter, Edit Demographics

Example, cont.

```
Want to edit data? No//   <RET>

Select FEE BASIS VENDOR NAME:
```

Vendor Menu
  FPDS-Only Vendor Edit

Patch FB*3.5*9 Changes: New option.

INTRODUCTION

The FPDS-Only Vendor Edit option can only be used to edit existing vendors. Just two data fields can be changed. This new option is intended to give sites an easy way to enter the socio-economic data obtained from the mass mailing or from contacting an existing vendor.

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status or Awaiting Austin Approval. This option can not be used to modify the socio-economic data for a vendor that is flagged "Vendor in Delete Status" or "Awaiting Austin Approval". Use the Display,Enter,Edit Demographics option to edit such a vendor.

Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

Example

```
Select FEE BASIS VENDOR NAME:    ALGER,J W     444444002AA  ALL OTHER INDIV
          338 MAIN ST
          PO BOX 568
          KEENE, NH  03431

BUSINESS TYPE (FPDS):  S  SMALL BUSINESS
Select SOCIOECONOMIC GROUP (FPDS):    N          SM DISADVANTAGED BUS
  Are you adding 'N' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this FEE
B
ASIS VENDOR)? No//  Y
  (Yes)
Select SOCIOECONOMIC GROUP (FPDS):    <RET>

Select FEE BASIS VENDOR NAME:
```

Vendor Menu
  List Vendors Without FPDS Data

Patch FB*3.5*9 Changes: New option.

INTRODUCTION

The List Vendors Without FPDS Data option is used to generate a list of vendors that don't have a value in the BUSINES TYPE (FPDS) field. This option can be used to identify vendors who may need to be contacted to obtain their socio-economic characteristics.

EXAMPLE

```
Only check FPDS data for active vendors? YES//     <RET>
Consider vendor active when activity since:  Jan 01, 1998//     <RET>
Print detailed vendor demographic data? NO//     <RET>

DEVICE: HOME//  <RET> UCX/TELNET     Right Margin: 80//
.
```

```
FEE BASIS VENDOR'S WITH BLANK FPDS DATA         Jun 29, 1999@13:39:55  page 1
of those with activity since Jan 01, 1998
===========================================================================
ACUTE CARE SPECIALISTS INC                      ID: 341339182
ATLANTIC CARDIOLOGY                             ID: 020444574
GOOD TIME NURSING HOME INC                       ID: 141509755a
PHARMACY REMIT VENDOR 2                         ID: 111000000

TOTAL NUMBER OF VENDORS MISSING FPDS DATA: 4
```

Vendor Menu
Payment Display for Patient

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Display for Patient option is used to view the payment record of a patient with a specific vendor. The display also designates payments reimbursed to the patient, cancellation activity, and voided payments.

This option displays medical batch payments only. It does not display Travel or Pharmacy payment records.

Example

```
Select Patient:  DAY,DENNIS


Select FEE BASIS VENDOR NAME:   DOOLY MEDICAL CENTER        777999098  NON-VA
HOSPITAL
         123 FIRST ST
         TROY, NY  12190
```

```
Patient Name: DAY,DENNIS                      SSN: 409129012

  VENDOR: DOOLY MEDICAL CENTER
     123 FIRST ST
     TROY, NY   12190
         ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE  CPT-MODIFIER       AMT CLAIMED AMT PAID  CODE    INVOICE # BATCH #
-----------------------------------------------------------------------------

+ 09/05/94  12018             $    5.00  $    5.00        556       369
     >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
        Check WILL be re-issued.
+ 09/02/94  99243-77          $   11.00  $   10.00 D      555       369
     >>>Check # 11887576  Date Paid:  10/20/94<<<
     >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
  09/02/94  10020             $   15.00  $    5.00 1      555       369
       >>>Check # 37776200  Date Paid:  10/3/94<<<
Select FEE BASIS VENDOR NAME:
```

Vendor Menu
  Payment Look-up for Medical Vendor

 Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Look-up for Medical Vendor option is used to view the payment history for a medical vendor for a specified time frame.

Example

```
Select Medical Vendor:   ALBIN KLEIN MD       120376584   DOCTOR OF OSTEO
          31 NOWHERE CIRCLE
          LOWELL, MA  01852-0123    TEL. #:  45441477


**** Date Range Selection ****

   Beginning DATE :   6/1   (JUN 01, 1994)

   Ending    DATE :   6/30  (JUN 30, 1994)


DEVICE: HOME//  <RET>  Decnet    RIGHT MARGIN: 80//    <RET>
```

```
                 ** VENDOR LOOK-UP **

                  Vendor:   ALBIN KLEIN MD
             ('*' Reimb. to Patient  '+' Cancel. Activity)
PATIENT        ('#' Voided Payment)
 SVC DATE   CPT-MOD   AMT CLAIMED AMT PAID   CODE INVOICE # BATCH #  DATE PAID
-------------------------------------------------------------------------------

SMITH,DENNIS
  06/07/94  12018    $   35.00 $   32.00  1   230         145      06/29/94
      >>>Check # 37776200  Date Paid: 6/29/94<<<
  06/07/94  99243-77 $   52.00 $   40.00  1   230         145      06/29/94
      >>>Check # 37776200  Date Paid: 6/29/94<<<
  06/28/94  10020    $   42.00 $   42.00      206         234      NOT PAID

Select Medical Vendor:
```

Vendor Menu
  Pharmacy Vendor Payment Look-Up

Displays which include line item information have been modified to include
check information, date paid, and/or check cancellation information, when
applicable. Line items that had previously been cancelled are annotated with a
plus sign (+).

Introduction

The Pharmacy Vendor Payment Look-Up option is used to view the payment
history for a pharmacy vendor for a specified time frame.

Example

```
Select Pharmacy Vendor:    BECK PHARMACY   886699554    PHARMACY

**** Date Range Selection ****

   Beginning DATE:   5/1/94  (MAY 01, 1994)

   Ending  DATE:   T  (JUL 13, 1994)

DEVICE:  HOME//   <RET>   RIGHT MARGIN: 80//   <RET>
```

```
                    ** PHARMACY VENDOR LOOK-UP **

Vendor:  BECK PHARMACY                   ID#: 886699554   Chain #:

             ('*' Reimbursement to Patient   '+' Cancellation Activity)
             ('#' Voided Payment)
  Patient                                SSN
Fill Date        Drug Name                    Strength    Quantity
  Claimed     Paid   Code Invoice #  Batch #       Date Finalized
================================================================
ADAMS,MICHAEL                         552996543

   06/07/94
 Rx: 6700      DEMEROL                        2MG           10
    16.00    7.56   1    1172      974           07/12/94

   06/01/94
Rx: 5603      MOTRIN                         2MG           10
    25.00    25.00       1172      974           07/12/94
```